F				IE OF DEATH		
	Baltimore	e	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased lived. If institution b. COUNTY Ann	n: Residence before admission) ne Arundel
	b. CITY OR TOWN	(If outside carporate limits,	write c, LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RU	IRAL and give nearest town)
L	Fort How		37 Days	Glen Burnie	е	0260.2
Г	d. NAME OF HOS	PITAL (If not in hospital, give	e street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Veterans	Administratio	n Hospital	1040 Fitza	llen Road	YES NO
1.0	NAME OF DECEASED (Type or print)	nick	Middle	AJDINOVICH	4. DATE Month OF April	
	S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	1 1 1 1 1 1	IF UNDER 1 YEAR IF UNDER 24 HR
	Male	White v	VIDOWED DIVORCED	July 27,1886	73 birthdoy) yrs.	Months Doys Hours Min.
L	00. USUAL OCCUPA during mast of w Burner	TION (Give kind of work da orking life, even if retired)	Ship Yard	Yugoslavi		U. S. A.
7	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Eli Ajdin	ovich		Marian MN:	Unknown	
7	S. WAS DECEASED E	VER IN U. S. ARMED FORCE	de-d	FORMANT Inical Record	s,VAH,Balto.18,	
		immediate (b)_				
	gove rise to cause (o), slatin lying cause lo: PART II. C Arterios 20a. ACCIDENT OR CONTRIBUTI	immediate DUE TO DUE TO OTHER SIGNIFICANT CONDICE TO THE CONTRACT OF THE CONTR	TIONS CONTRIBUTING TO DEATH BUT T Disease. Pulmons Ob. DESCRIBE HOW INJURY OCCURRE	ary Emphysema	. Osteoarthriti	PERFORMED?
	gove rise to cause (o), slatin lying cause lo: PART II. C Arterios 20a. ACCIDENT OR CONTRIBUTI	immediate put TO put	t Disease. Pulmons 0b. DESCRIBE HOW INJURY OCCURREI	ary Emphysema	. Osteoarthriti Port I or Port II of item 18.) n. 20f. (City or town)	PERFORMED?
	gove rise to cause (a), statis lying cause los Part II. (Arterios OR CONTRIBUTION C	immediate put to still the second structure of the sec	20d. INJURY OCCURRED While Not while of work attended the deceased fram.	D. (Enter noture of injury in ACE OF INJURY (Home, forrectory, street, office bidg., etc.)	Port I or Port II of item 18.) n. 20f. (City or town) 60 . to April 20	PERFORMED? YES NO [(Counly) (Sta
	gove rise to cause (a), statis lying couse los Part II. (Arterios Or Contribution Or Contribution (IF EITHER, NOTI Hour o. n. p. n. 21. I certify the saw the dece 220. SIGNATURE 22. Physician)	immediate put to out to	20d. INJURY OCCURRED While of work of work attended the deceased fram.	D. (Enter noture of injury in ACE OF INJURY (Home, formationy, street, affice bidg., etc.) March 14 19 Jeath accurred of 02.0 M.D. ATTENDING M. PHYS. D. M. PHYS.	Port I or Port II of item 18.) n. 20f. (City or town) 60 . to April 20	(County) (Storm 1960, that (I/ (we) I) d an the date stated above 120b. DATE 4/20/
	gove rise to cause (a), statis lying couse loo. PART II. CATERIOS 20a. ACCIDENT OR CACIDENT OR CACID	immediate purity (c) prince significant conditions of the signifi	The Disease Pulmons Ob. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not white of work attended the deceased from 1 at	D. (Enter noture of injury in ACE OF INJURY (Home, forscory, street, office bidg., etc.) MARCH 14 19 March 15 19 March 14 19 March 14 19 March 14 19 March 14 19 March 15 19 March 16 19 March 16 19 March 16 19 March 17 19 March 18 19 March	Port I or Port II of item 18.) 20f. (City or town) 60 . to April 20 5AM ram the causes and PHYS. CO. 18, MD. FT. HOV 23d. LOCATION (City, town, or Baltimore	(County) (Steel NO YES
	gove rise to cause (a), storing couse (b). Storing couse (c). Storing couse (c). Storing couse (c). PART II. CATTERIOS. 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTING). Hour o. n. p. n. 21. I certify the saw the dece 22a. SIGNATURE 22a. SIGNATURE 23a. BURIAL, CREMA*	immediate guite to pue to st. (c)_ DTHER SIGNIFICANT CONDICTION TO SINCE TO THE SIGNIFICANT CONDICTION TO SINCE TO THE SIGNIFICANT CONDICTION TO SIGNIFICANT SIGNI	20d. INJURY OCCURRED While Not while of work of work attended the deceased fram. 20 19 60 , and that at a company of the	D. (Enter noture of injury in ACE OF INJURY (Home, forscory, street, office bidg., etc.) March 14 19 Jeath accurred of 0.0 M.D. ATTENDING NO PHYS. OF CREMATORY JONAL CREMAT	Port I or Port II of item 18.) 20f. (City or town) 60 . to April 20 5AM ram the causes and PHYS. CO. 18, MD. FT. HOV 23d. LOCATION (City, town, or Baltimore By REGISTRAR 25b. REGIST	(County) (Since the date stated about 22b. DAT 4/20 WARD DIVISION (State)

rs after death. Page 4 TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be infinited by the haspital or attending physician.

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VR A15 (4) 15M 9/59 050

MARYLAND STATE DEPARTMENT ... DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	42:	36	CERTIFIC	CATE	OF DEATH				416	0_	
Baltimo	re		MARYLAN		Maryland	nere decease	d tived. If instituti b. COUNTY	on: Reside	nce before	odmissi	on)
	(If outside corporate limits, w	rrite c.	LENGTH OF STAY IN	1ь	Baltimore		prote limits, write R	URAL ond	3 VO		_
	TAL (If not in hospitol, give s Administrat				d. STREET ADDRESS 750 Reserv	oir S	treet		6.		DENCE FARM? NO
I. NAME OF DECEASED (Type or print)	BERNARD		Middle RUSSE	ELL	AQUILLA	4. DATE OF DEATH	Apri.		Day		960
Male		MARRIED	DIVORCED	177	ebruary 13,	1900	9. AGE (In years least irthdoy) yrs.	Months	Doys	Haurs	Min.
On USUAL OCCUPATION OF WORLD OF ET	ON (Give kind of work done rking life, even if retired)		nd of Business or II nstruction		Baltimore	-	* '		. S.		DUNTRY?
Allen O. Ac	quilla				MOTHER'S MAIDEN P						
S. WAS DECEASED EVE Yes. no, or unknown) Yes	ER IN U. S. ARMED FORCES' (If yes, give war or dates of service WW I		(0	Clin	MANT ical Record	ls,VAH	Balt9.Mo		rt Ho	war	d Div.
Conditions, if of gove rise to couse (o), stoting lying couse lost.	any, which (b) (b) immediate the under-	ARTE	ARDIAL INFARIOSCLEROTI RIOSCLEROSI	C HEA	rt disease rked, cene			/EN IN PA	REC UNK UNK	ENT NOWN NOWN	AUTOPSY
PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (206) G (CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRI	BE HOW INJURY OCCU	JRRED. (Er	Her noture of injury in	Port I or Po	rt II of item 18.)			YES 🙀	NO 🗆
20c. TIME OF INJUI Hour o.m. p.m.		While	Not while of work		OF INJURY (Home, form street, office bldg., etc		y or town)		(County)	, , , , ,	(Stote)
21. I certify the Saw tine of Saw The	led E.	hr.	the deceosed from 1960, and the regalar	om. AD of death	ATTENDINGM	LOAM om	STAFF PHYS.		ne dote	stoted 22t 4/5	AGNED OF
30. BURIAL, CREMATIC			23c. NAME OF CEMETE Baltimore		ional Cem.		TION (City, town,	or county)	Mary.	(Stote	
4. FUNERAL DIRECTOR		308 N	ADDRESS N. Monroe S	t.Bal	10.17 DATE	D BY ZEOUS	JRAR 256 REGI	STRAR'S S	Ticalla	E	

(-) -- N' AND THE STATE OF STATES and a state of the Andreas Resilient its off agent bett Direction of Single One S and the Cart . O. Cart Mark Cartes Mark to the Cart Mark THE STATE OF 2011 ESTABLES OF SELECTION OF SELECTION to the first the The first course and a sufficient to the contract of the contr with the later than the second of the second or of the parties of the state of the state

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VS A15 (4) 15M 9/58

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, CERTIFICATE OF DEATH	18
Locutem	ö Film G262 5/4/60 iwk	
2444	CERTIFICATE OF DEATH	

64162

Reg. Dist. No.

PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write c. LEN RURAL or six regest town)	GTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write F	RURAL ond give nea	rest lown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTALLS Hall Ave		d. STREET ADDRESS 1723 Hal	l Ave.		ON A FARM? YES NO
NAME OF DECEASED (Type or print) Thomas Emory Bar	Middle rton Sr.	Lost	4. DATE Mor OF April	25,1960	Year
s. sex male 6. COLOR OR RACE 7. MARRIED 4. White widowed	DIVORCED	Oct 25 1865	9. AGE (In years last birthdoy) 95 yrs.	Months Days	IF UNDER 24 H Hours Min
no. USUAL OCCUPATION (Give kind of work done 10b. KIND O	F BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sine o	foreign country) Co., Md.	12.CITIZEN OF	WHAT COUNT
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE		
John M. Barton		Virginia	Niehoff		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL [If you give wor or dotes of service] 10. There		FORMANT	Add		
/ nmne nor	ne Joi	nn M.Barton	338 Fifth.	Ave. Lar	sdown
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	is seleve	tie Godi	vaseular D	leage	LE AND DEAT
couse (o), stoling the <u>under-</u> DUE TO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(0)	PERFORMED?
	OW INJURY OCCURRED	. (Enter noture of injury in Po	ort I or Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY C Hour a. m. 19 While at work at work at the street of the street	of while foct	CE OF INJURY (Home, form, form, street, office bldg., etc.)	20f. (City or town)	(County)	(SI4
21. I certify that I attended the deceased from alive an	, and that death	60 10	A, fram the causes ar DDRESS (Street, city or town,		
PHYSICIAN'S IN THE PRICE (220. BURIAL, CREMATION, 226. DATE THEREOF 220. N	/2:1)	Ra/	100 27	, md	(0)
Burial 4/28/60 I	oudon Par	k	2d. LOCATION (City, town,		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE AL	DDRESS	24a. REC'D		STRAR'S SIGNATUR	
Howard H. Hubbard 4107 Wi	Ikens Ave	DATE AT	R 28'60 C	withing S. the	W4

0: (中央公司 2 日 八 田村 ALTER DETERMINE ATES MAJE AVE. Thomas Timo a Ti MODE WHERE THIRD DECLIPATE . M. . col . col fall County H. Harton Modelia Minimum more John M. Barton 338 Fifth Ave Landselme M. mon de estable and the model of a second of the

Started Liberary Victor and Laberary Services 156.

the second secon

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4237 CERTIFICATE OF DEATH may be included by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and sampletely filled in by the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the alease remove carbon papers. Pages Jand Report the filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

05389

1.	PLACE OF DEATH a. COUNTY BAI	TIMORE		MARYL		USUAL RESIDENCE (WO. STATE MARY	here deceased I	ived. If institution b. COUNTY	n: Residence be	fore odmi	ssion)
1	b. CITY OR TOWN (IF RURAL ond give ner FORT HOWARD	arest lown)	its, write	26 DAYS	l lb	c. CITY OR TOWN (IF	outside corporo	te limits, write RL	JRAL and give	searest to	wn)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS						e. 15 RI	ESIDENCE			
1	TETERANS AD					1103 WEST	SARATOG	A STREET	ר		A FARM?
	NAME OF	Fi		Middle		Last	4. DATE	Mont	h	Day	Yeor
	(Type ar print)	BENJA	MIN	H		BATES	OF DEATH	APRII		30	1960
S.	SEX	6. COLOR OR RACE	7- MARI	RIED NEVER MARRIED		ATE OF BIRTH		AGE (In years last birthday)	Months Day		
	MALE	COLORED	WIDOW	ED DIVORCED		JLY 30, 189	3	66 уга.	Months Day	s Hour	s Min.
10	o. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e or fareign cau	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
	TRUCK DRIV		1	RAILROAI)	AI	RGINIA		U	S.A.	
13	. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
L		RATES				SUSAN GA	INES				
	was DECEASED EVER	If yes, give war or dates of		SOCIAL SECURITY NO.	17, INFO			Addr	ess		
1	YES	WW-1			GLI	N REC VAH	BALTO M	D FT HO	WARD D	IVISI	ON
1			ouse per li	ne for (a), (b), and (c).]						NTERVAL I	SETWEEN ID DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (PRO	OSTATIC CARO	INOM	A WITH META	STASIS				ONTHS
	177	3556872									
	Conditions, if for		RE	CTAL CARCING	AMC				1	2 3 M	ONTHS
	gave rise to in	> Pills 7/									
	lying couse last.)	=)(=								
Ž O	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a	19. WAS	S AUTOPSY
Z Y	ANEMIA:	CYSTITIS									NO X
CERTIFICATION		S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter nature of injury in	Port I or Port I	t of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Day, Ye	20d. I While of wor	Not while	loe. PLACE foctory	OF INJURY (Hame, far r, street, office bldg., et	rm, 20f. (City o	or tawn)	(Caun	ty)	(State)
		t (N this hasnita	1) attend	ded the deceased f	romApi	-11 h 10	9 60 to an	rd 7 30	19 60	that (T	(we) lost
1				1960 , and t							
	22a. SIGNATURE				nor ded		23.00				22b, DATE
		. 1 .			M.D	ATTENDING A	MED.	STAFF PHYS. 17		11-30	SIGNED
	22c. PHYSICIAN'S NAME (Type)	Vanuel	a.	Relier		22d. ADDRESS					
	D Towns (17/pe)	ANIEL A NI	EVES		M.D.	VAH Balti	more Md	- Ft Ho	ward Di	visi	on
23	a. BURIAL, CREMATIO	N, 23b. DATE THERE	OF	23c, NAME OF CEMET	ERY OR C	REMATORY	23d. LOCATIO	ON (City, town, c	or caunty)	(S1	tole)
	REMOVAL (Specify)	5-4-60	,/	Baltimore	Nati	onal	Balti	more Ma	irvland		
24	FUNERAL PIRECTOR	SAGNATURE LIA	Red	ADDRESS			C'D SY REGISTR	AR 25b, REGIS	TRAR'S SIGNA	TURE	
1	Charles G C	coper Fund	ral	Home		DATE	MAY 6	60	Julian S.	thous	
	512 N Carro	llton Ave	Bal	timore 23 Ma	d		11/41				

TO HOSP! VR A15 (4) 1SM 9/S9

ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4231 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

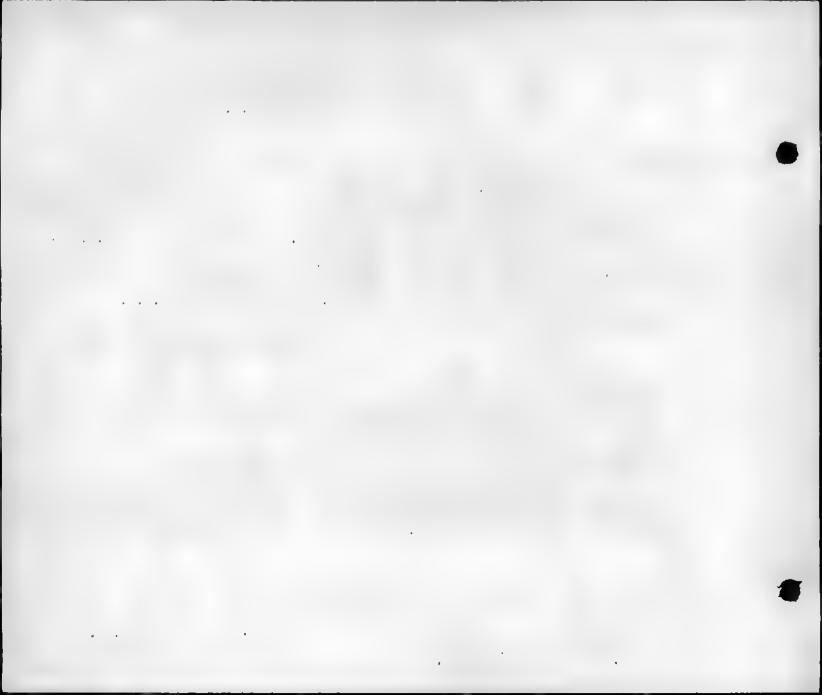
64163

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH a. COUNTY Baltimore a. STATE Maryland b. COUNTY Carroll MARYLAND b. CITY OR TOWN III autiside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and pive negrest lown) En Francil Taneytown R.D.1 Reisterstour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Oston Land YES NO TE NAME OF DATE April 17,1960 Middle Yeor DECEASED Edna Becker Francenia (Type or print) 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. asi birthday) Months Female White WIDOWED [7] DIVORCED [T] 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Penna. Housewhie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lydia Belle Gardner Robert J.Sites 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Oscar L.Becker, Tanneytown, Md. R. D. 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) romantic Grandalisos Condition, If any which gave rise to immediate couse DUE TO (a), stating the underlying Car occident cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 22 Fred NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF DEATH.
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Caunty) (State) factory, street, office bldg., etc.) Nat while 17 1960 at work at work Perstonation and Strut - Read 21. I certify that I rack charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that death resulted fram: Natural causes . Accident X, Suicide . Hamicide . Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S DEPUTY MEDICAL EXAMINER TY NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) April 21/60 York Road Cemetery Nr. Hanover, York. Co. Pa. Burial 23. FUNERAL DIRECTOR'S SIGNATURE RICHARD A LIKE ADDRESS 24o. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATEPR 2 0 '60 arthur & Hund Richard A. Little, Littlestown, Pa.

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04164

Reg. Dist. No.

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
N	O. COUNTY TO WIS O'AN PERLITE MARYLAND	O. STATE MARY/AWA. b. COUNTY
/	b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)
1	and give nearest tewn)	55/0WN50N
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/ d. STREET ADDRESS /
		BIHLENNOV AVE YES D NO IST
-	3. NAME OF First Middle	Last 4. DATE Month Day Year
1	(Type or print) John WESLEY	BLAKE DEATH APPRIL 4 1960
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
1	MAIC NEGRO WIDOWED B DIVORCED	MAR-29 1868 92 yrs. Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	Messenser	Castern Shore, Md
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Percy Blake	Lisa
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17.	Address
-1	20 - 1	naude Hapkeus-
f	18. CAUSE OF DEATH [Enter only one cause partine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	VUCCIVISION Sudden
ı	420,1 DUE TO	
1	Conditions, if any, which (b)	
	gave rise to immediate cause (a), stating the underlying DUETO	
	couse last. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	DATE COLUMN TO THE COLUMN TO T	YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURTED TO	nter nature of injury in Part I or Part II of Item 18.}
1		
	2 1 2 2 2	E OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) rry, street, office bldgs., etc.)
-	Haur a. m. While Not while at work at work	, , , , , , , , , , , , , , , , , , ,
-	21. I certify that I taak charge of the remains described above	ve, held an Autopsy 🔲, Inspection 🗹, Inquiry 🔲, and find that
	death resulted from: Natural causes E, Accident . Suid	cide, Homicide, Undetermined cause
	11/20 10-11	
1	SIGNATURE CE / LCC tle 7/12 / E 28 12 (1)	M.D. CHIEF MEDICAL EXAMINER []
		ASSISTANT MEDICAL EXAMINER
	EXAMINER'S PAYESFO DO SAIGH	DEPUTY MEDICAL EXAMINER []
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (State)
	BURIAL 4/4/60 Theasant	Kest Louison Mergland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D, BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	carl Gilmore- 5 19 Moch	En SA DATE APR 11'69 Crimy & though

VS. A15ME(5) SM 9/5\$

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) E. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL c. LENGTH OF STAY IN 16 and give negrest town? Catonsville 6mthl/dvs Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE priar ON A FARM? SPRIG GROVE STATE HOSPITAL none YES NO D NAME OF First Middle DATE Lost Month Day Yeor DECEASED OF DEATH (Type or print) 19 b O William Adolphus Bland 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours male white Feb. 8, 1883 WIDOWEDKI DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? S. A retared Mary land YOE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Pages age 5 r Unknown Unkown cil in Item 18. Give Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (if yes, give wer or dates of service) 100 GROVE STATE HOSPITAL 212-16-1286 Records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) s certificate should be execut "pending" in pencil in Item viner's Office along with form be used as a burial-transit p DUE TO Conditions, if any, which gove rise to Immediate couse **DUE TO** (o), stoting the underlying couse lost. writing the ward "pending" in nief Medical Examiner's Office DR: Page 3 shauld be used as a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? On 2-10-60 reducti n and Steinmann pinning was performed YES [NO [20g EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) On 1-21-60 patient was found with lacerationover the left eye and frac. left hip: Month, Day, Cott 20d INJURY OCCURRED 200. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Not while of work 🔲 Catonsville 28. Md Hospita. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection inquiry and find that death resulted from: Notural couses ... Accident / Suicide . Homicide . Undetermined couse difficate, wr to the Chic DIRECTOR DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S George M. Kieffer, M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 220 MURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) **BEMOYAL** (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(5) DATE PR 1 3 '60 arthur S. Henris 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4240

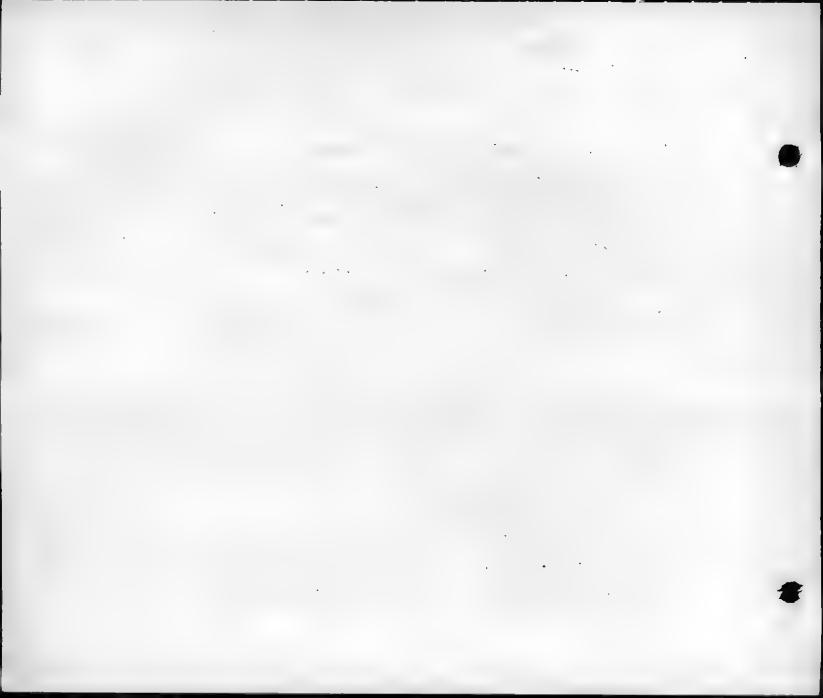
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work of twork of two twork of two		PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
21. I certify that (I) (this haspital) attended the deceased from 3-3-1957. to H-18-1960, that (I) (we) to saw the deceased alive an H-16-1960, and that death accurred at 72. M, from the causes and an the date stated above 220 SIGNATURE ATTENDING MED STAFF PHYS. 220 PHYSICIAN'S NAME (Type) W. M.D. CALLER OF CEMETERY OF CREMATORY 230 BURIAL, CREMATION. 236 DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 230 BURIAL, CREMATION. 236 DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
sow the deceased alive an #=161960, and that death accurred at 72. M, from the causes and an the date stated above 220 SIGNATURE 220 SIGNATURE ATTENDING MED DIRECTOR STAFF SIGNATURE 221 ADDRESS NAME (Type) W. M. D. STAFF SIGNATURE 222 ADDRESS NAME (Type) W. M. D. STAFF SIGNATURE 223 ADDRESS NAME (Type) W. M. D. STAFF SIGNATURE 224 ADDRESS 225 DATE THEREOF SIGNATURE 236 NAME OF CEMETERY OR CREMATORY 237 ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 120e. Pl While Not while of work at work	ctary, street, affice bldg., etc.)
ATTENDING MED DIRECTOR STAFF		saw the deceased alive an #-16- 1960, and that	
NAME (Type) W. Mey R. Gallager M.D. Gad Frederick Aue. Balliz Md. 230 BURIAL CREMATION. 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City towns or country) (Storie) 24. FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE		Wilmer K. Sallager	M.D PHYS. MED STAFF ALE SIGNED
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	dan	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	28

TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 and so ther death. Page 4 may be the bospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove catbon pagers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, frum the state death

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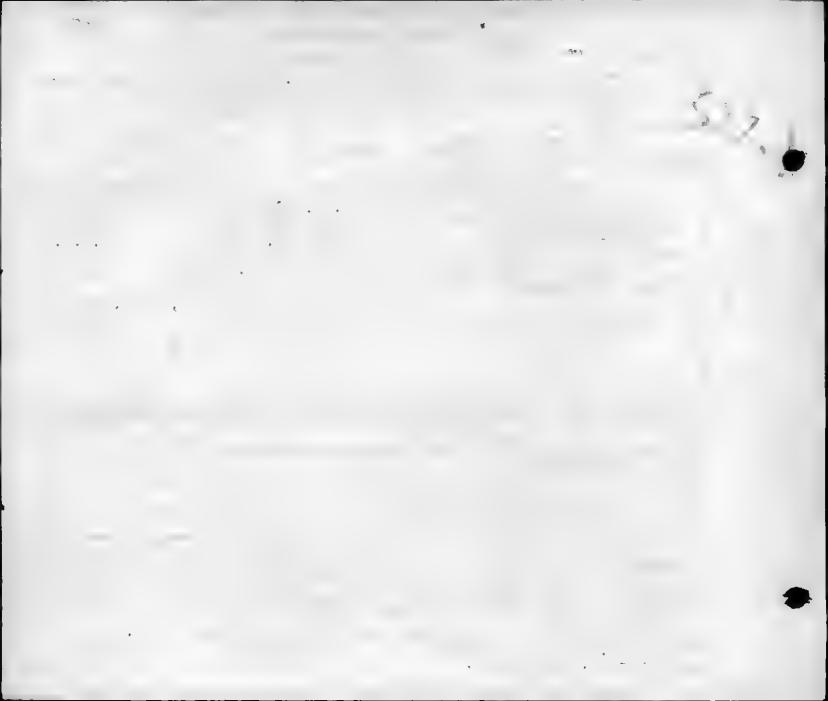
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3.	NAME OF DECEASED (Type or print)	JOHN	Ī	SYL VAN		BOHLE	4. DATE OF DEATH	April	14	Day Year 19 60
	male	white	WIDOW			Oct.23,18	92	AGE (In years lost birthday) 67 yrs.		YEAR IF UNDER 24 HRS
100	during most of worl	ON (Give kind of wark king life, even if retired = retire	d 10b	KIND OF BUSINESS OF	INDUST	York, P		try)	12. CITIZI	U.S.A.
13.	FATHER'S NAME	Frank Ant	hon	y Bohle		14. MOTHER'S MAIDEN Katheri		Iuppma	n	
15	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.		ormant Argaret Wi	lhelm H	Add Bohle,		, above
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MEDICAL	20c. TIME OF INJUR Haur a.m. p. m.	Y Month, Day, Yes	r 20d l While at war	Not while	20e. PLAC facto	CE OF INJURY (Home, for ary, street, office bldg., et	m, 20f. (Cily or c.)	lawn)	(Co	uniy) (Stote)
	alive on/_	at 1 attended the	deceas	7-7	death o	1957, to accurred at 11/2	ELM, from t	he causes of the city or town,	and on the	st saw the deceased date stated abave
	PHYSICIAN'S NAME (Type)	B.W. S	oL	LOD, Do	M)		<u> </u>		1666
220	BURIAL, CREMATIO REMOVAL (Specify)	1/19/60	F			CREMATORY Metery		N (City, tawn, o	**	(State)
23(NEW PIEGO	Signature 1 mu	nek	ADDRESS	ome		D BY REGISTRAL	R 24b REGIS	STRAR'S SIGN	ATURE 8. Thank

may be dined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2/ TO HOS

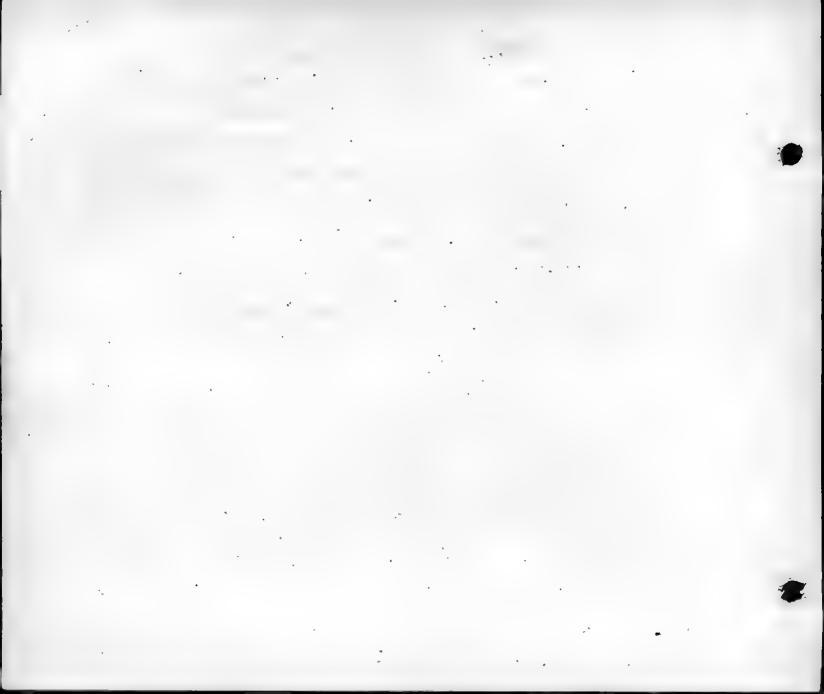
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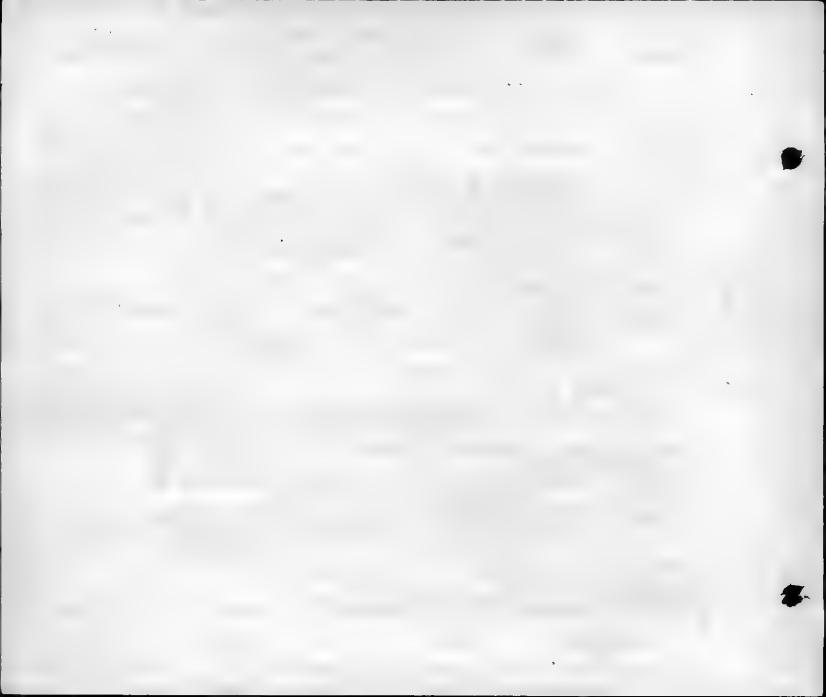
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51		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
· 54 (H	4242 CERTIFICATE OF DEATH Reg. Dist. No.						
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2		3. NAME OF DECEASED (Type or print) JOSE PHINE BOOK OF DEATH 4. DAY YEAR OF DEATH 10/19/60						
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OR ATT	1	ACTUAL SIGNATURE STORY & WITCH M.D. Set 5 DEATH CITY OF TOWN, State) A AND SET STORED AND SET ST						
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VS A15 (4) 15M 9/55	1. 1.	23. FUNERAL DIRECTOR'S MONATURE ADDRÉSS 240. REC'D BY REGISTRAR'S SIGNATURE CITCHIA S. THAMA DATE APR 1 4 '60' DATE APR 1						

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× 64	d. NAME OF HOSPITAL (If not in hospital, give street address) ORMINISTITUTION 2+05 RUTH AVE 1 d. STREET ADDRESS e. IS RESIDE ON A FA YES N	ARM?
y filled in b	3. NAME OF DECEASED (Type or print) EMMA J. Middle BROWN 94. DATE OF DEATH APRIL 20 19	60
campletely f sapers. Pag ath.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH COL. WIDOWED DIVORCED NO 24 1902 9. AGE (In years lif UNDER 1 YEAR IF UNDER 2 Hours) Months Days Hours	24 HRS Min.
and camp ban pape er death.	100. USUAL OCCUPATION [Give kind of work done of work done during most of working life, even if refired] HOUSEWORIS WALL 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO	OUNTRY!
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r this ce for use cremati	Hour a. m. p. m. While Not while factory, street, affice bldg., etc.)	
he hasp rached I burial,	21. I certify that I attended the deceased from Charles, 1960, to Charles, 1960, that I last saw the de alive on 1960, that I last saw the dealive on 1960, that I last saw the dealive on 1960, the causes and on the date stated ADDRESS (Street) city or fawn, state) DATE	
or be de prior to	SIGNATURE ROLLE M. PELLW M.D. 6908 N. VOINTRO 4/20	1.62
nour roc	PHYSICIAN'S LOUIS N. TOLLIN. BALTIMORE-19-MD	
o FUNER Page 3 st	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Idwin, or county) (State) Bit BIAL 4-23-60 Mt. CALVARY BALTO. Md.	
VS A15 (4) 15M 9/55	23 PONERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 22 '60 DATE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CILLING S. FLOWER ADDRESS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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)	or institution Dougl	AL (If not in hospital, g	al I	address) Home	/d. STREET 592		ederic	k Road				DENCE FARM? NO []
	3 NAME OF DECEASED (Type or print)	JOSEPH	.,	NMI	BROW	51	4. DATE OF DEATH	Apr	th	Doy 23		Yeor 19 60
	s. sex Male	Colored	WIDOWI		June	5, 18	381	P. AGE (In years lost birthday) 78 yrs	Months (
	TADOR Work	N (Give kind of work of ing life, even if retired	1	KIND OF BUSINESS OR IN Bullding	Ma	cylai	nd	untry)		US A	WHAT	COUNTR
	Unk.				Unk.							
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	" In Record			s Memod			е	
18000		TH WAS CAUSED BY- IMMEDIATE CAUSE (a DUE TO Ty, which (b)		ne for (0), (b), ond (c).] Bron	cho-pne	moni	2.			ONSE	VAL BEI	DEATH
	Hyn 200. ACCIDENT WA	pertensiv	e-Ar	CONTRIBUTING TO DEATH TOTO - SC 16 CRIBE HOW INJURY OCCU	rosis				EN IN PART		PERFOR	NUTOPSY RMED? NO
The fitter of Injury Month Day Year 20d Injury Occurred 20e. PLACE OF Injury (Month of Injury of							m, 20f. (City (or fown)	(Co	ounty)		(State
	21. I certify that I attended the deceased from 4-16-60, 19, to 4-23-60, 19, that I last saw the deceased from 4-16-60, 19, and that death accurred at 5.30P.M, from the causes and an the date stated at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Of MALNUY HD (M.D. 57 Winters Lane -28 4-23-6								d abov			
	PHYSICIAN'S NAME (Type)	C.F.Malor		Ji D	Cato		lle,	-28, Nd				
1	BURIAL CREMATION SUFFICIAL (Specify)	4/26/19	60 50	Mt. Aub			Bal				(Store	•}
[Signature Funeral	Hom			24o. REC	D BY REGISTR		TRAR'S SIGN			



	4	4245	CERTIFIC	ATE OF D	EATH			04	113		
, PLACE OF DEATH a, COUNTY	BALTIMORE		MARYLANG	a. STATE	DENCE (Whe		d lived. If instituti b. COUNTY	an: Residence b	efare admis	sion)	
b. CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY IN 1				rate limits, write R	URAL and give	nearest low	n)	
FORT HOW			3h DAYS	BAT	TIMORI	r.		3	VOI.	7	
	PITAL (If not in haspital,	give street (d. STREET	ADDRESS				e. IS RE	SIDENCE A FARM?	
VETERANS		TION	HOSPITAL	2208	LYNBE	ROOK A	WENUE			NO	
NAME OF		rst	Middle	la		4. DATE	Mar	oth	Day	Year	
(Type or print)	WE	RR	F.	BRO	WN	OF DEATH	APRI	I.	1	19 60	
SEX	6. COLOR OR RACE		IED NEVER MARRIED		17.78.5		9 AGE (In years	IF UNDER 1 YE			
MALE	COLORED	WIDOWE	DIVORCED	JUNE 16	1889	,	lost birthdoy) 70 yrs.	Months Day	s Hours	Min	
DO USUAL OCCUPA	IfON (G ve kind of work	dane 10b.	KIND OF BUSINESS OR IN					12 CITIZEN	OF WHAT	COUNTRY	
JANITOR	arking life, even if retired (RETTRED)	DE	PT. INTERNAL	REV BALT	IMORE	MARY	TANT	II	S.A.		
FATHER'S NAME	(TOUL DICEO)	بناما	TALLENGTON	14. MOTHER'S			TORING	U.	D+A+-		
JOHN BRO	EJM			1989 847	DE NOVE	TAME					
	VER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT	N. W.LL	ILM/S	Add	ress			
Yes, no, or unknown)	If yet, give wor or dotes of		6-18-0932	LIN REC	TAU DA	ATIMO N	CO TANK THE	CADD DT	777070	25	
YES CAUSE OF I	EATH Enter only one o			PLILIVE FLEAT	VAH BA	THIOTY	III PAY HU	WARD DI	V LO LU	W.I	
				TOM OF THE	מדם שע	ווז דיוינו	ADC1	ő	L DAY	DEATH	
IMPREDIATE CAUSE OF EVENTAGE AND A VALUE OF THE PROPERTY OF TH											
	DUE TO		·	. AER 12 1200 T	TENCODA I	t trati	AT.		1. Wide	9T	
Canditions, if	immediate)_====	MBOPHLEBITIS	Gr. TERLI	PATORA	P APTI	N		T MICE	*V	
cause (a), stati	ng the <u>under-</u> DUE TO)									
lying cause la		c)							110 1111	A STOREY	
=		ADITIONS C	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	O THE LERMIN	NAL DISEASI	E CONDITION GI	VEN IN PART I(O	PERF	ORMED?	
AURTIT.	IS, CHRONIC								YES 🔏	NO [
OR CONTRIBUTION (IF EITHER, NOT	Was underlying [] ng [] cause of death fy medical examiner)		CRISE HOW INJURY OCCUI	RRED. (Enter nature	af injury in P	an I ar Pari	t II of item 18 }				
20c. TIME OF INI				PLACE OF INJURY factory, street, affic			ar town)	(Caun	ty)	(State	
Hour a. r	10	While of warl	Nat while	raciary, street, artic	a pind" eic"	'					
		1) 11	led the deceased fra	Kabwaawa	27 10	60	America 7	10.60	Al MA	(max) las	
							_ //				
22a SIGNATURE	eased alive an Ap1	ومادينانيان	19 <u>.60</u> , and tha	it death accurre	وود له ه	American.	the causes of	ad on the do		2b DATE	
				M.D PHYS	IG ME	D C	STAFF PHYS X			2-60	
22c. PHYSICIAN	5/17 1. 1	2-		22d ADD		ECTOR 🗍	rnis 🕰			00	
NAME (Type		COPE	B			more.	MdFt.	Howard	Divi	sion	
30 BURIAL CREMA	TION, 236 DATE THERE	O.F.	23c. NAME OF CEMETER				TION (City, town,		(5to		
REMOVAL_(Spec		10		ATTONAT.			TIMORE	MARYL		iie)	
Burial	1 10 6	20	THE STREET STATE OF THE STATE O	WITAINI			T TLIOITA	THE LE	TILL TO		

250 REC'D 8Y REG STRAR

DATE APR 1 2 '60

25b REGISTRAR'S SIGNATURE

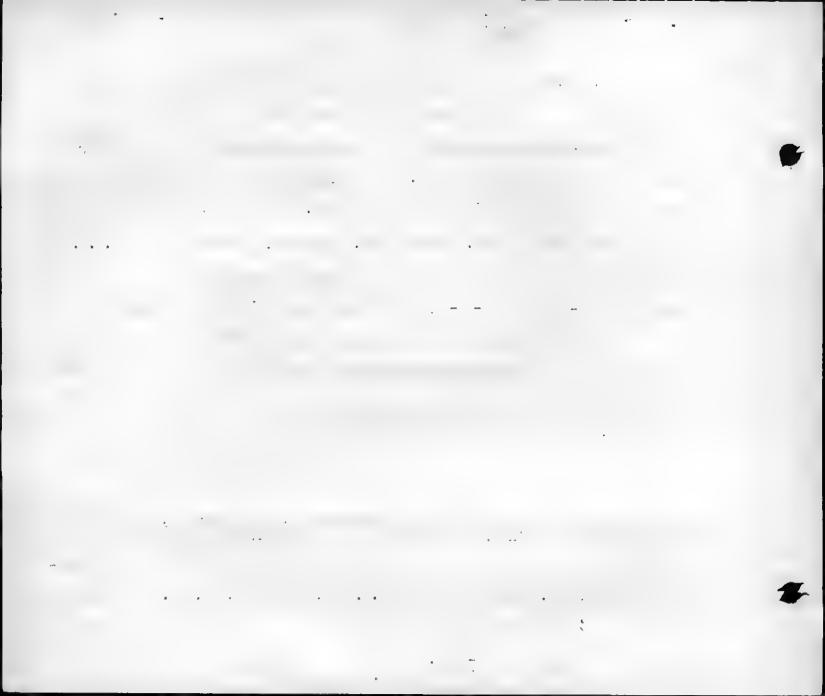
Ciriling S. House

ADDRESS

Arlington S. Phillips, 1808-10 N. Monroe St Baltimore 17, Md.

VR A15 (4) 1SM 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



		4	24	0	rix i i i		IL OI	DEAII	•			Reg. Dist.	No.		
, Pl	COUNTY DO I	timore			MARYLAN	- 11	2. USUAL RE				institution OUNTY	n: Residence	before	admissi	on)
				LENGTH			- CITY O	Maryla			A. Dil	DAL and all		at town	V
D.	RURAL and give nec		WILLE	c. LENGTH (.	_	TOWN (If		orgie Ilmiis,	WITTE KU	*^	ve negre	i l	,
		SVILLE L (If not in hospitol, give	- stonet		mth13d	ays	d. STREET	ltimo	re			+	W	IS RESI	DENICE
	OR INSTITUTION								. g.				e.	ON A	FARM?
SP	RING GROV	E STATE	1051	TT AL			1(21	Holl:	ins ot	reet				YES [NO [
D	AME OF ECEASED ype or print)	First Ma r	tina		Middle A.		Bryan	ast	4. DATE OF DEATH		Apri.		Day 5		ear 1960
5 SE	X	6. COLOR OR RACE 7	- MARR	IED NEVE	R MARRIED	X 8	DATE OF BIE	TH		9. AGE (III	2 1	F UNDER 1		T	
	male	white v		anuary			86_	yrs			Hours	Min.			
10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign coduring most of working life, even if retired) Nospital worker Maryland										country)		U.	S.		OUNTR'
3. F	ATHER'S NAME					ĺ	14. MOTHER	'S MAIDEN I	NAME						
	Alfred	Thomas Bry	an				F	mily I	Higgir	18					
	VAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16.	SOCIAL SECU	RITY NO.	INF	ORMANT				Addre	ISS			
ξτes,	Unkn wn	yes, give war or dates of serv		nknown		Rec	ord:	SPRING	G GRO	VE S	TATE	HOS	PITA	L	
1	IB CAUSE OF DEAT	'H [Enter antly one caus	e per lii	ne far (a), (b),	ond (c).]					-			INTER	VAL BE	TWEEN
П	PART I DEAT	H WAS CAUSED BY:	1	Arterio	sclen	ntic	e cardi	iovasc	ular o	diseas	se		ONSE	TAND	DEATH
		IMMEDIATE CAUSE (a)_ DUE TO													
- 1	Canditions, if an	u subtak Y		Gene a	lized	ante	riosci	erosi	S						
	gove rise to im	mediate (DUE TO		0.20			/						-		
1	lying couse lost.	ie <u>Auget-</u>													
CATION		(c) ER SIGNIFICANT COND	TIONS	CONTRIBUTING	G TO DEATH	4 SUT N	OT RELATED	TO THE TERM	INAL DISEA	SE CONDITI	ON GIVE	N IN PART	, ,	PERFO	NUTOPS RMED?
<u> </u>	200 ACCIDENT WAS	UNDERLYING 1 20	DESC	CRISE HOW II	NJURY OCC	URRED.	(Enter nature	af injury in	Part Lar Pa	rt II of item	18.)				
	IF EITHER, NOTIFY	MEDICAL EXAMINER)													
MEDICAL	Noc. TIME OF INJURY Haur a. m. p. m.	Month, Day, Year	20d. II White at war	NJURY OCCUP	le_		E OF INJURY ry, street, off			y ar tawn)		(Co	iunty)		(State
Ť						h 9	2060)	April	25	60	hot I last			
The second was a second of the															
olive on April 25 19 60, and that death occurred at 9:30m, from ADDRESS (S								1_2-29					dote		i obov E sign
								CUMBATI			ar 1	י סב	60		
	SIGNATURE	2	- /	110	d at at	M.	D. OFF	LLIVE (JRU VA	SIAI	r n	OSPITA	HTT T	45.62	-00
	PHYSICIAN'S NAME (Type)	BRUND	K	LA DI	9451	KH.	J' Ca	tons v	ille_2	28, Ma	ryla	nd			
	BURIAL, CREMATION EMOVAL (Specify)	28 Garif	1960	1/201	OF GEMETER	RYOR	CREMATORY		228 1961	Uton ic iy	, lawn, or	county)		(State	e)
23.	LINEKAL DIRECTOR'S	SIGNATURE	1	ADDRES	is fr	1	d:/	24a. REC	D BY REGIS	_	b REGIST	RAR'S SIGI	NATURE		
11	1/6	· welle	0/	RATTY	VOTTP/	ChE	7 4/3	DATE	R 27'6	,	CON	-4 2. /			

may be valued by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detoched for use as the burial-transit permit, the registror prior to burial, cremating, ar remaval, and in any e VS A15 (4) 15M 9/58

s after death. Page 4

mapires that the desthet certificate be exacused within 24

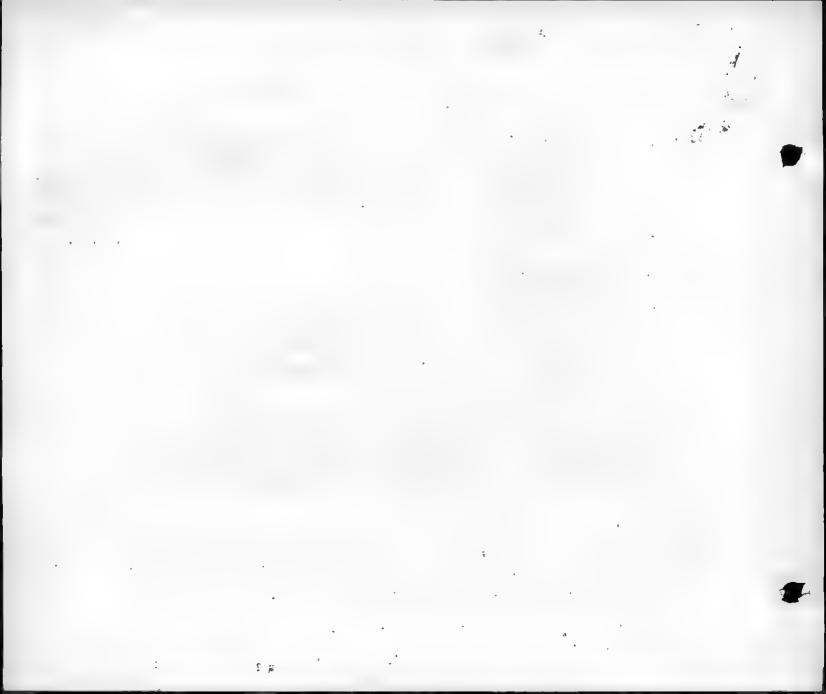
director

ond campletely filled in by bon papers. Pages 1 and 2

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Then please



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4247 CERTIFICATE OF DEATH

04175

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLANI	ll o. STATE	ence (wh		lived. If institution b. COUNTY	an: Residence I	before adm	ission)		
b. CITY OR TOWN (I RURAL and give ne Fort How	foutside corporate limi arest town) ard	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore										
	AL (If not in hospital, g	ive street	131 Days		d. STREET ADDRESS e. IS RESID							
Veterans	Administr	ation	Hospital	542	Park	sley /	lvenue		YES	□ № 🕅		
3. NAME OF DECEASED (Type or print)	FRANC		Middle E.	BURTON	t	4. DATE OF DEATH	APRII		Day	Year 19 60		
S. SEX			RIED W NEVER MARRIED		1	1	9. AGE (In years	IF UNDER 1 Y	EAR IF UN			
Male	White	WIDOW:		11/19/	13		fost birthdoy)	Months Do	ys Hour	Min.		
10a. USUAL OCCUPATIO	N (Give kind of work o	one 10b	KIND OF BUSINESS OR IN	OUSTRY 11 BIRTHPL	ACE (State)	ar foreign co		12 CITIZEI	NOF WHAT	COUNTRY?		
Stationary 13 FATHER'S NAME	ing life, even if retired Engineer		revery	Balti 14. MOTHER'S	more,	Maryl	and	U.S	.4.			
Ro	bert R. Bu	cton		υ	nknov	מנא						
IS, WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT			Add	ress				
Yes, no, or unknown)	If yes, give war or dates of s		8-05-0051 C	in Rec. VA	H, Bal	to. Md	Ft. How					
		use per la	ne for (o), (b) and (c)]						INTERVALIONSET AN			
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	LAF	NNEC'S CIRRHO	SIS WITH	JAUND	TCE AN	D ASCITE	S	6 Mo	nths		
1 . 1.1	DUE TO											
Conditions, if a)										
gove rise to i												
lying couse last.	(c)										
PART II OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH E	SUT NOT RELATED TO	THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERI	AUTOPSY ORMED?		
PART II OTH	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUP	RED. (Enter nature o	Finjury in F	Port For Port	II af item 18.)		163			
	MEDICAL EXAMINER) Y Month, Doy, Yes		A COLUMNIA DE LA COLU	DIACE OF INVESTORY	5	008 (5.)		1.00		164		
20c. TIME OF INJUR Haur o. m. p. m.	19 month, Doy, 14	While at wor	Not while	PLACE OF INJURY (I foctory, street, office			or town)	(Cou	inty)	(State)		
21 I certify tho	t /// (this hospital) oftend	ded the deceased from	Nov. 30	12.	59 , to A	pril 9	, 19_60	, that (/)	(we) lost		
saw the deceos	ed olive on Ap	cil 9	19_60, and tha	t death occurred	d at7:1	8/AMram	the causes an	id on the d	lote state	d abave.		
220 SIGNATURE	1 1									26. DATE		
	11/	hei	m.D	M D PHYS	□ DII	RECTOR _	PHYS XX		4	9/60		
22c PHYS CIAN'S NAME (Type)	C. P.J.Ull C	Sa le		22d. ADDRI	ESS				-,	,		
(7)	CHARLES A	LEN,	M.D.	VAH,	BALT	O., MI	. FORT H	OWARD_	DIVIS:	LON		
230 BURIAL, CREMATIO	N. 236 DATE THEREC)F·	23c NAME OF CEMETERY	OR CREMATORY		23d LOCAT	ON (City, town,	ar county)	(\$1	016}		
REMOVAL (Specify)	Apr.13/	60	Mount Olivet	Cemeterv		В	altimore	Marv	land			
24 FUNERAL DIRECTOR	S SIGNATURE	1.2.02	ADDRESS			D BY REG STI	RAR 25b, REGI	STRAR'S SIGN	ATURE			
Witzke Fune	ral Dir	H4U1	Edmondson Av	renue	DATEAP	R 1 2 '60) in	when S. H	LAME!			

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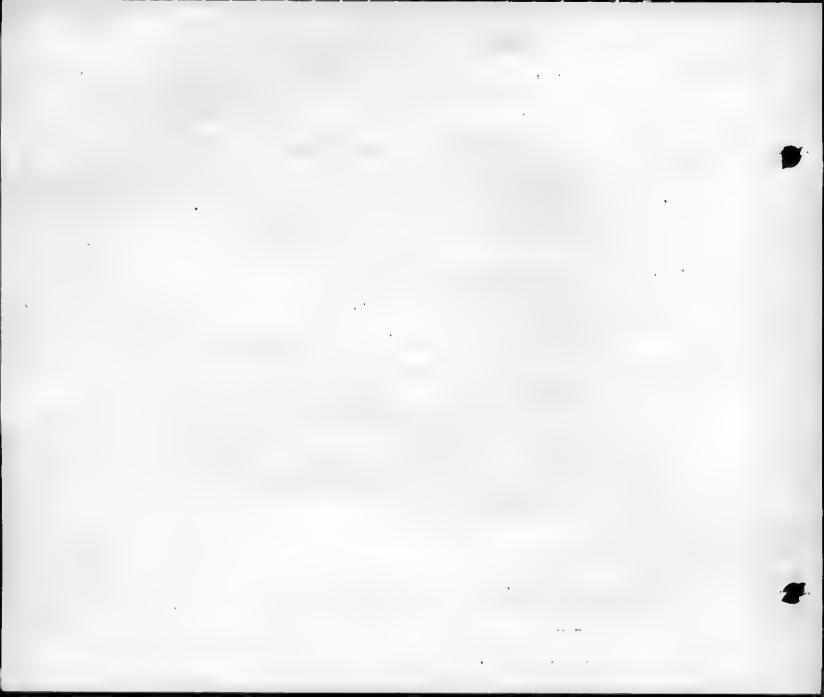
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4248 CERTIFICATE OF DEATH

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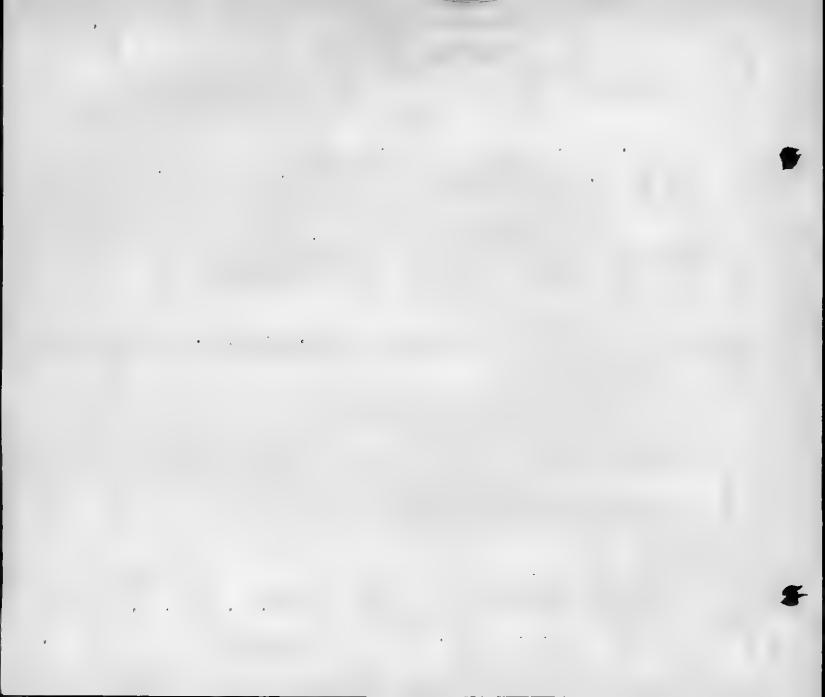
		- 7 3 0	
		PLACE OF DEATH C. COUNTY 13ALTIMIC RE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b COUNTY 13.74.T/MLRE
M. Sale	I	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lown) Compared to the compared limits, write and give nearest lown)	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) LUTHERVILLE
7	,	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MASCRIC HOME	1.303 WITRWICK DRIVE ON A FARM? YES NO M
	- (NAME OF DECEASED (Type or print) CLARENCE H Adddle	BUTTON 4. DATE Manih Day Year DEATH PRIL 3 1966
	5 5	M WIDOWED DIVORCED	B DATE OF BIRTH JAN 18 188 9 AGE (In years last birthday) 79 yrs Manths Days Haurs Min.
		USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH MAN	USTRY 11 BIRTHPLACE (State or fareign country) MARYLAND 12.CITIZEN OF WHAT COUNTRY? U.S.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		WILLIAM H. BUTTON	ANGELINE MCCANN
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In no. or unknown) (If yes, give wor or doles of service)	Frank L. Amit, J. Cockeywith 114
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Desire Carlio 24222
, ,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Parl II of Item 18)
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P While Nat while of wark at wark	PLACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (State) factory, street, affice bldg., etc.)
		21 1 certify that (I) (this haspital) attended the deceased from saw the deceased give an 4-1 1966, and that	death occurred at $J_c M$, from the causes and on the date stated above
		220 SIGNATURE Latter 1. Kees	M.D. PHYS. DIRECTOR A STAFF SANED
/		22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	22d. ADDRESS COCKEYSUILLE MI)
	23c	BUR AL CREMATION, 236 DAT THEREOF 23c NAME OF CEMETERY OF COMPANY ALL (Specify) 4-6-60 Moreland Me	
	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
		illiam Cook, Inc. 1217 St. Paul Street	100

TO HOSPILL OR ATTENDING EUYS. IAN: The law requires that the death certificate submitted within 24 after death. Page 4 may be 75 and by the hosp tall an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Affer copy CERTIFICATE OF DEATH 4249 third I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore County COUNTY MARYLAND STATE (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (if outside corporate limits, write RURAL and give ne director, (in this place), TOWN Mt. TOWN Wilson, Maryland 40 de HOSPITAL OR STREET INSTITUTION OF ADDRESS funeral within Mt. Wilson State Hospital STREET ADDRESS 3. NAME OF (First) (Last) DATE (Month) (Day) (Year) registrary by the fi DECEASED (Type or Print) DEATH 19 6 (COLOR OR SINGLE, MARRIED AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED RACE Months Davs Hours (Spacify) & le <u>.</u>.5 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with that the death dona during most of working life, even it OR INDUSTRY COUNTRY? letely fillections is the permit. TireCo Tire builde 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T. AthINSON fransil ٩ physician. 16. SOCIAL SECURITY NO certificate 4-07-0030 Hosp. Records. Mt. Wilson State Hospital 18. MEDICAL CERTIFICATION or altending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician arcinoma of Lung death 020 DUE TO ANTECEDENT CAUSE(S) DIRECTOR: The law requires that the DISEASES OR CONDITIONS, IF ANY, the attending per detached for GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, by the hospital DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Pe 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 🗍 NO 🙀 by should 218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City of town) (County) (State) executed OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) death certificate assembly (Month) (Day) 21d. TIME OF INJURY (Year) (Hour) 21a. INJURY OCCURRED 216 HOW DID INJURY OCCUR? Whila Not while at work at work been 19/2 ..., that I last saw the deceased he bottom copy, and that death occurred at 335.PM, from the causes and on the date stated above. alive on..... TO FUNERAL ADDRESS (Street, city, town, state) MO3 DATE SIGNED certificate William Newcomer wommun M.D. Superintendent. -55 Mt. Wilson, Md. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) A15C REMOVAL (SPECIFY) Michael's 4 - 19 - 60Cemeterv Burial Frostburg 24. REC'D BY REGISTRAR ADDRESS Cather & Krist



VS. A15ME(5) 5M 9/55

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Page 4		burial,
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oges !	50.0	File pages
Give	'M3. Pag	ait. Fi

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04178 Reg. Dist. No. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4215

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
O. COUNTY RALTO: MARYLAND	O. STATE ME B. COUNTY BALTO,
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
DUNDALK	SSDUNDALK (22)
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	/ d. STREET ADDRESS . IS RESIDENCE
PATARSCO RIVER NR. HARBOR FIELD	3HO YORKWAY YES NO HE
3. NAME OF First Middle	Last 4. DATE Mooth Day Year
(Type or print) EUCENE (NM))	LEMONS DEATH 4/9/1960 19
5. SEX 6. COLOR OR RACE 7. MARRIED 8	
M Weens (DET 28, 1946 13 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
STUDENT	MARYLAND VISIA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CURTIS CLEMONS	VERSIE HOWERTON CLEMONS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	HFORMANT Address
TVG - NONE C	IRTIS CLEMONS- PATHER - 2ABOVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: UROUN IN	4
850 X DUE TO	
Canditians, if any, which) (b)	
gove rise to immediate couse (o), stating the underlying	
couse last. (c).	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	AE2 NO-ES
PRIMARY Urer CONTRIBUTING * 1 1 1 7 7	nter nature of injury in Port I ar Port II of item 18.)
1 1 2 2 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	· mode lloft Whele teaking
O 1 / Mour - 1 / 74 / While Not while / Worth	CE OF INJURY (Home, form, 20f (City or tawn) (Gynty) (State) ary, street, office bldg, etc.)
	Apser Killey Bellight of process Men
21. I certify that I took charge of the remains described abo	
death resulted from: Notural causes . Accident . Sui	cide, Homicide, Undetermined couse
ACTUAL MBT 1 17 m.	DATE SIGNED
SIGNATURE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S Melvin B. Davis, M.D.	ASSISTANT MEDICAL EXAMINER 1
Terms (1) pel	DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Store)
DURIAL DIRECTOR'S SIGNATURE ADDRESS	110/0 PT DHLIV: Mac
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE OATE APR 1 3 '60 Carthury & Kraus
	DATE APRIL 000 CINCONT & THAMB

979 18

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4250 CERTIFICATE OF DEATH Rea. Dist. No. filed with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution- Residence before admission) COUNTY COUNTY MARYLAND death. ero. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest town) g RURAL and give nearest fawal plucks A NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS P. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D Pup NAME OF Middle 4. DATE Manth Year filled DECEASED OF DEATH Pages (Type or print) 19 A. COLOR OR RACE 5. SEX 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (hday) Months Days WIDOWED EN DIVORCED [papers. YIL 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, 8 RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during roost of working life, even if retired) puo carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion remove hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INSORMANT It's year mine year or dates of comment 72 aftending ease CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN 효 ONSET AND DEATH PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) that the DUE TO ģ permit. Conditions, if any, which peen signed pove rise to immediate **DUE TO** couse (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY remayal, PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) as the 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d. INJURY OCCURRED (County) (State) e. n. factory, street, affice bldg., etc.) While Nat while at work | at wark p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on and that death accurred at UN M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DIRECT ACTUAL prior SIGNATURE shavid PHYSICIAN'S NAME (Type C) 22a. BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) TO FUN (State) REMOVAL (Specify) IIRIA 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE TOKSVILLE DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4.54.4

TO HOSP

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND L251 CERTIFICATE OF DEATH

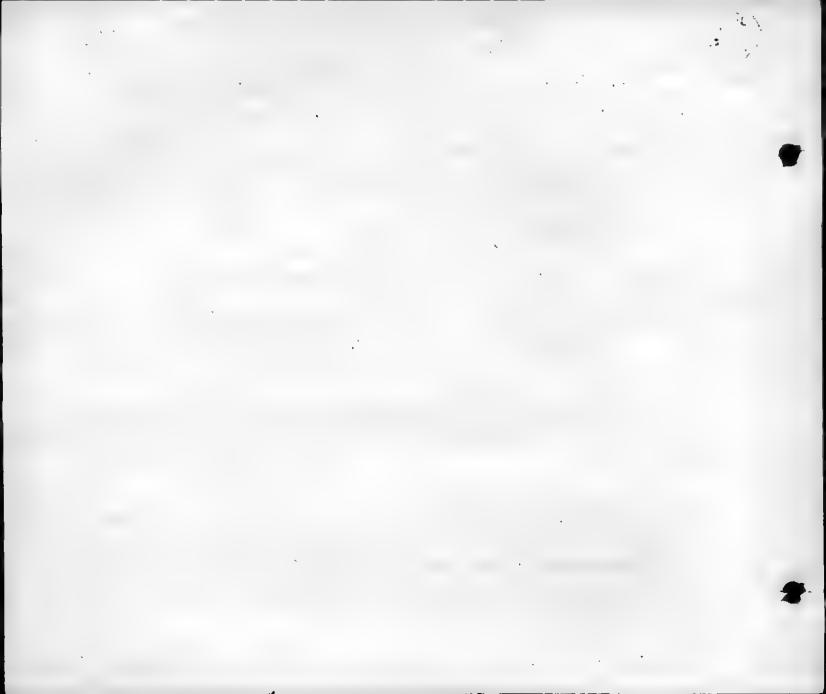
	4601	0=101111107								
V	PLACE OF DEATH DELTIMORE	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution b. COUNTY	Residence before admission)					
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Baltimore	utside corporate limits, write RUR						
Z,"	Fort Howard d. NAME OF HOSP TAL (If not in hospitol, give street oddress) Veterans Administration Hospital Administration Hospital Administration Hospital Administration Hospital Administration Hospital Administration Hospital									
-: 38		ospital	2114 Lodge	Forest Drive	YES NOX					
	3 NAME OF DECEASED (Type or print) HARRY	Middle M.	CONRAD	4. DATE Month OF DEATH April	Day Yeor 15 1960					
	s sex 6 COLOR OR RACE 7. MARR Male White WIDOWE	RIED: NEVER MARRIED	B. DATE OF BIRTH January 31.189		UNDER 1 YEAR IF UNDER 24 HRS Aonths Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b,				12 CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME	- A V	14 MOTHER'S MAIDEN N	<u> </u>	00 00 110					
\	Gustav Conrad		Susie Kising	er						
	Yes, no, or unknown) Yes WW I 16.		in Rec.VAH. Ra	Address 1timore 18 Md R	ort Howard Divis					
V	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost (c)	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse tost EMPYEMA, RIGHT, OLD EMPYEMA, RIGHT, OLD EMPYEMA, RIGHT, OLD PULMONARY HEART DISEASE, OLD								
•		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18)						
	A Hour o.m. While		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		(County) (State)					
	21 I certify that (1) (this haspital) attends somethed eccessed alive an Spril 15 20 SIGNATURE (ALLE) (1) 22C PHYSICIAN'S CARTINADE GONZALEZ, M.D.	Jaley	M D ATTENDING ME PHYS DIR		an the date stated above 22b. DATE 4/15/60					
	Burial 236 DATE THEREOF 236 SUR AL, CREMATION, 236 DATE THEREOF 4/18/60	23c NAME OF CEMETERY OF Bel Air Memor		23d LOCATION (City, fown, or Baltimore, Ma	ryland					
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE					
1	Ulrich Funeral Home 2112 D	undark Ave Bal	DATE AP	20'60 Chih	ug S. Hines					



d in by the funeral direc	1 and 2 should be filed		16	
the ottending physicion and campletely fille	Then please remove corban popers. Poges	and in ony event, within 72 haurs after death.	(
	page 3 should be detacted for use as the burnot-tronsit permit. Then please remove corban papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.		

THENHING PHYSICIAN: The fow requires that the duoth certificate be executed within 24

	PLACE OF DEATH COUNTY SILETAMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Built
	CHY-OR TOWN (If outside corporate limits, write RURAL and give mearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
S	OR INSTITUTION A Charles Drooks Conv. Kome	/d STREET ADDRESS IS RESIDED ON A FAI YES N
	NAME OF DECEASED Type or print) A Trie Verna Middle	Last 4. DATE Month Day Year OF DEATH April & 3 19
S :	Emale White WHOWED DIVORCED	8 DATE OF BIRTH Apr. 21, 1887 9 AGE (la yeors list birthday) Months Days Hours 7 3 yrs
100	USJALOCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHATCOU
15.	FATHER'S NAME Charle WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. III 10 yes, give war or drive of service	NFORMANT Address
7	TB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY:	10 Mars Lile- Se aves INTERVAL BETW DONSET AND DE
	Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying couse lost.	a orienting colon 3 yeu
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORM YES \(\sum \) N
L CERTIFI	206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of item 18)
MEDICA		ACE OF INJURY (Home, form, 20f (City or town) (County) ctory, street, office bldg., etc.]
	220 SIGNATURE C. Jellion Williams Participal Signature 22c PHYSICIAN'S NAME (Type)	M D ATTENDING MED. STAFF DIRECTOR PHYS 220 D STAFF DIRECTOR PHYS 220 ADDRESS
230	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C REMOVAL (Specific) 4/26/60 Condon	reach Bills. md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



VR A1S (4) 15M 9/59 (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

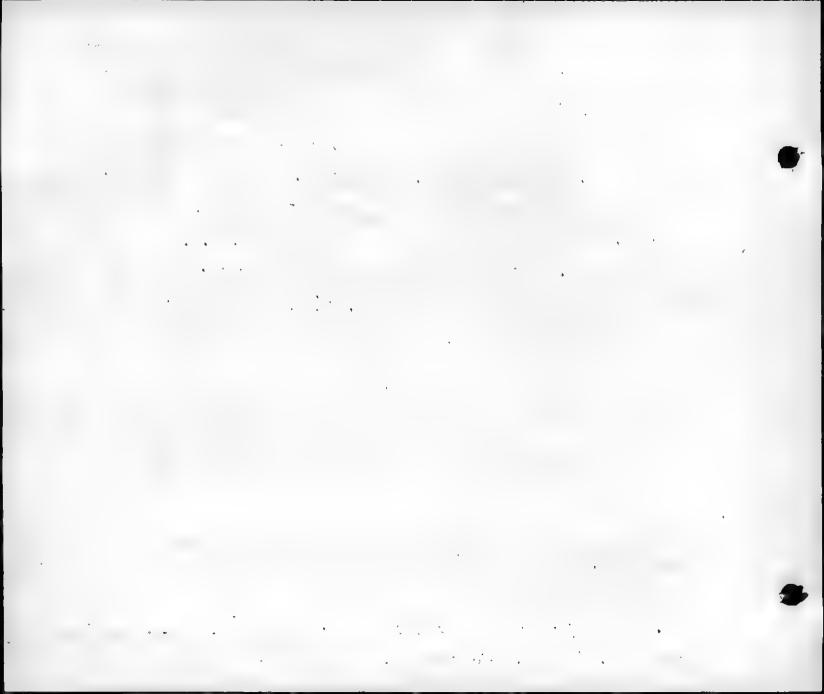
1	a. COUNTY Baltimore MARYLAND	o. STATE b COUNTY	Baltimore				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cations viile	c. CITY OR TOWN (If outside corporate limits, write RURAL	, and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	429 Academy Road	429 Academy Road	YES 🔲 NO 💽				
	3. NAME OF First Middle (Type or print) John J. Day	Lost 4. DATE Month OF DEATH APril 3	5/60 Day Yeor				
ŀ	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WILDOWED DIVORCED D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INDER I YEAR IF UNDER 24 HRS. Inths Doys Hours Min.				
	loa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if refired)	STRY 11 BIRTHPLACE (Stole or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	Inspector Baltimore City	y Maryland	USA				
<u> </u>	IS, FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Thomas E. Davis	Mary Haas					
	5 WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IP	NFORMANT · Address	Catonsville 28				
		Wrs. Ida Davis, 429 Academ	y Road				
	18. CAUSE OF DEATH [Enter only one couse par line for (a) (b), and (c).] PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Commany	NTERVAL BETWEEN				
1	420, DUE TO						
1	Conditions, if ony, which } (b)	1					
1	gave rise to immediate Cause (a), stating the under-						
1	lying couse last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	LNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1				
		D. (Enter nature of injury in Port I or Port II of item 18.)					
		ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)				
	21 I certify that (1) (this haspital) attended the deceased from		1960 that (1) (we) last				
		death accurred a M. fram the causes and a					
		M D. ATTENDING MED DIRECTOR STAFF	4/4/60 DATE				
	22c PHYSIC ANS PORT PLIS NAME (Type) PIJ. Mendelis	22d. ADDRESS N Bentati	re str				
	Burial (Specify) April 6/60 23c NAME OF CEMETERY C Loudon Par		ounty) (Stote)				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	100000000000000000000000000000000000000	R'S SIGNATURE				
	Witzke F.D. 4101 Edmondson Ave.	DATE APR 5 '60 CLAS	hur S. Kraus				



1	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1.4183
	74		4254 CERTIFICATE OF DEATH
I director	(.	1912	1. PLACE OF DEATH: O COUNTY DECENSION MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Factions
Pe o	. /		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
by the fund 2 should	1		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO
Pages 1 and			3 NAME OF DECEASED (Type or print) SOUTGED DAVID DAVIS DEATH 4 1960
pletely I			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED DIVORCED SULFA 26, 1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months) Months Days Hauss Min
ond compo			100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY Landence 12 CITIZEN OF WHAT COUNTRY
i g	7	7	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Though Chief Cheff
			15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (19 yes, give mor or dates of service) O Wis alles Assist Thereisen with
he attending hen please r			18. CAUSE OF DEATH [Enter only one couse per line for {0}, (b), ond (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carterioracles to the C.V.R. INTERVAL BETWEEN ONSET AND DEATH
ned by the property of the pro			Conditions, if ony, which gove rise to immediate couse (a), stating the under-
sician.			lying couse lost. (c)
ng physic has be burial-tra		0	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMEDS YES NO WES
ficate the bur			20s ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
al or of this cert r use as			20c TIME OF INJURY Month, Day, Year Mile Not while at work of
After ched to			21. I certify that I attended the deceased from Feb-8, 1960, to 4, 1960, that I last saw the deceased alive an 3-36, 1960, and that death occurred at 10:45 AM, from the causes and on the date stated above
d by the			ACTUAL SIGNATURE Ray les 11-16 Il Williams M.D. 1632 Restauration Possessioner
should strar or		/	PHYSICIAN'S Charles HW: 11/01128 Personelle 8, mol.
may be D FUNE page 3 show the registrar			270 BURIAL CREMATION, 275. DATE THEREOF St. Lukes Cemetery or CREMATORY Relaterstown, Md. (State)
VS A15 (4) 15M 10/57			22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 78 TE DATE APR 5 '60 240. REC'D BY REGISTRAR'S SIGNATURE DATE APR 5 '60 247. KINERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



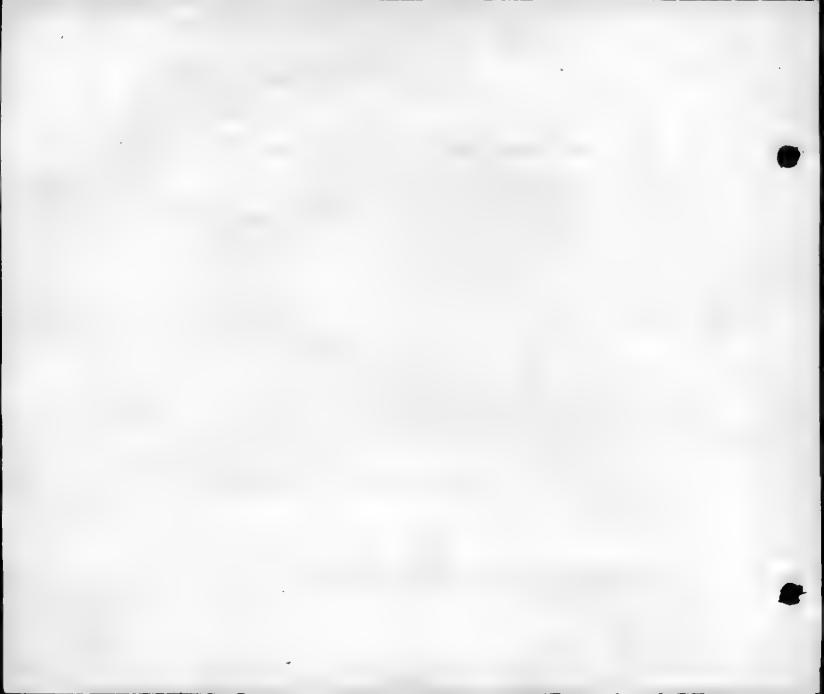
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4256 CERTIFICATE OF DEATH

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1		PLACE OF DEATH o. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE (A LA COUNTY) b. COUNTY
ノ		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) A CONTROL OF STAY IN 16 C. LENGTH
0		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION
		NAME OF DECEASED (Type or print) Chelles Silentin Death And Decease OF Dece
	5. :	Mele lefite WIDOWED DIVORCED 2/7/1901 Jays Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Accountry (I.S. CITIZEN OF WHAT COUNTRY?)
		FATHER'S NAME 14. MOTHER'S MANGEN NAME 14. MOTHER'S MANGEN NAME 15. MOTHER'S MANGEN NAME 16. MOTHER'S MANGEN NAME 17. MOTHER'S MANGEN NAME 18.
	(Ye	WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of year ce) 2/9-22-0008 Address Address Address
4		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
-		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Breach Prescripte
		443x DUE TO
ş		Conditions, if ony, which) (b) Stroke - C-V. A. Cerebral Thronder I week
>		gove rise to immediate DUE TO
-l		lying couse last. (c) It. A.S. H.D.
	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
_	CERT	20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
b	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m 19 While Not while of work of wor
		21. I certify that (1) (this haspital) attended the deceased from. 11/7 1250, ta 4/22, 1960, that (1) (we) last saw the deceased alive an 1/22 1960, and that death accurred at 350 M, from the causes and an the date stated above.
		220. SIGNATURE , 22b DATE
		23 mling ATTENDING MED STAFF SIGNED SIGNED
7		22c. PHYSICIAN'S NAME (Type) ISPAEL TINBERG 22d ADDRESS LECTRICE Plane.
	4	BURIAL CREMATION, 23b DAYE THEREOF 23c NAME OF CEMETERY OR CREMATORY, 23d LOCATION (GITY towns or county) (State) SEMOVAL (Specify) 4/24/60 Sittle Thick
,	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS

TO HOSP OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 or after death. Page 4 may be mad by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please genove carbon papers. Pages 1 and 2 should be filled with the State Boord of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.

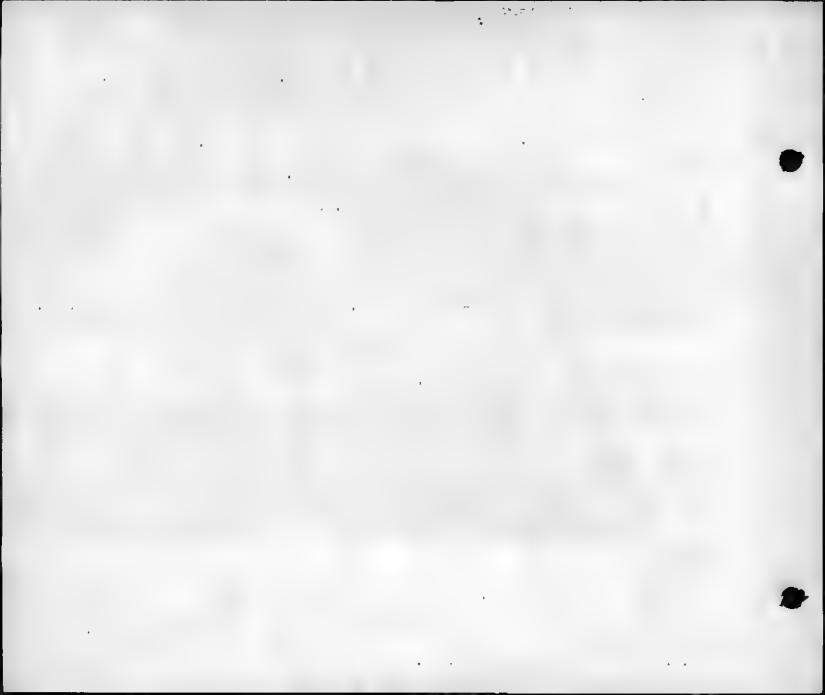


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TO DEF I MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If on	cute cert ficate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the fun	forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files	TO FUNERAL MIRMCTOR: Page 1 should be used on burial-transit permit. File pages 1 and 2 with the registrar prior to furial, are	E
DE	4	MA	3	E .
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 106

1. PLACE OF DEATH G. COUNTY Baltimore MARYLAND						2. USUAL RES	Md.	here decease	ed lived. If inst b. CQUI		dence bel	fore admi	ission)
ь	CITY OR TOWN (II	autside corporate limits, write	RURAL	c. LENGTH OF STAY II		c. CITY OR		gutside corn	orgie limits, wr			egrest to	wnt
	Owings Mi						ngs Mi						,
d			If not in hos	pital, give street address	1	/d STREET					~~~		ES DENCE
	324 Pleasa	nt Hill Rd	l.			324 Pl	easant	Hill	Rd.				A FARM?
3.]	NAME OF DECEASED	Fin	d	Middle		Los		4. DATE	Mo	nth	Dey	Y	ear
	Type or print)	John		Adam		Diehl	Sr.	OF DEATH	April	. 3,		1	9 60
5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B.	DATE OF BIRTH			9 AGE (in years	IF UNDE			ER 24 HRS.
]	Male	White	WIDOWE	DIVORCED [<u>X</u>	Feb.5,	1899		61 yr	s. Months	Days	Hours	Min
10a. d	USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUSTI	TY 11. BIRTHPL	ACE (State o	ar fareign ço	ountry)	12. CI1		F WHAT	COUNTRY
		man at Hos	pital			Ma:	ryland	3			USA		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
	Adam Die					Reb	ecca	Na	ace				
15. (Yes,	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. iN	FORMANT			Addre	15.5			
	No	No	2	19- 20-9039	M:	rs. Ros	ie Tu	ırnbau	gh	Reiste	erst	own,	Md.
		H (Enter anily one cau	se per line :	for (a), (b), and (c). }							INTER	VAL BETWE	EN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cor	onary Arter	y Di	sease							r.
	420	/ DUE TO											
	Canditions, if an		Art	eriosclerot:	ic (-V Dise	ease					10 5	TS.
	gave rise to immed (a), stating the u												
	cause last.	(c)											
ğ	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	8UT N	OT RELATED TO	THE TERMIN	AL DISEASE	CONDITION	GIVEN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY RMED?
3			no	ne .							,	YES 🔲	NO 🙀
CERTIFICATION	20g. EXTERNAL CAU	SE WAS	b. DESCRIBE	HOW INJURY OCCUR	ED. (Er	iter nature of in	jury in Port	l or Port II o	of item 18.)				
	CAUSE OF DEATH.	nona	поп	e .									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d, I While		- PLAC	E OF INJURY (I	Home, farm,	20f. (City	ar town)	(Co	ounty)		(State)
MEC	Poer c.m.	none 19		rk at work no		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		non	e				
	21. I certify th	at I taak charge	of the r	emains described	abay	e, held an	Autapsy	, In	spection K], Inqui	ry 🗷	, and	find that
	death resulted	fram: Natural	causes 🛚	Accident [],	Suic	ide 🔲 , H	lamicide	, Un	determined	cause []		
	0	9 9											
	ACTUAL SIGNATURE	11 A. Co.	rela	cs/		M.D. CHIEF N	AEDICAL EXA	AMINER 🔲				DATE S	IGNED
	EXAMINER'S		<i>V</i>			ASSISTA	NT MEDICA	L EXAMINER					
	NAME (Type)	D. D. Capl	es, M	. D.		DEPUTY	MEDICAL EX	XAMINER E]		4-4	4-60	
220.	BURIAL, CREMATION	N. 226. DATE THEREC	F	22c. NAME OF CEMETER				22d. LOCAT	ION (City, town			(State)
	REMOVAL (Specify)	4/7/60		Reistersto	wn l	Methodi:	st		Reiste				
	FUNERAL DIRECTOR'S			ADDRESS				8Y REGISTA		GISTRAR'S SI		RE	
ď	F.Eline &	sons Rei	sters	town, Md.			DAMPR	5 '60	On.	Bun S. 1	Track		

VS. A15ME(5) 5M 9/55



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DIRECTOR:

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CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05421

Talbot

Residence before admission)

Day

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

IS RESIDENCE ON A FARM? YES A NO

Year

19 60

(M
1	9 4

a. COUNTY

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution p. STATE b. COUNTY Baltimore MARYLAND Maryl and CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Days Fort Howard Easton d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS Veterans Administration Hospital NAME OF 4. DATE Month DECEASED (Type or print) Served DEATH APRIL As: 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED KK Female White DIVORCED | yrs 100. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Baltimore, Maryland Housewife 13 FATHER'S NAME Ellen M. Bruehl Christopher J. Hinricks IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT

Address WW Yes Clin.Rec.VAH.Balto. Md. Ft. Howard Division 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE CARDIAC ARRHYTHMIA MINIMUM ARTERIOSCLEROTICCARDIO-VASCULAR DISEASE WITH OLD 20 YEARS HEALED POSTERIOR INFARCTION Conditions, if ony, which gove rise to immediate DOMINON couse (o), stoting the under-UNKNOWN ARTERIOSCIEROSIS GENERALIZED lying couse ost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YESK NO

OBLITERANS RT.LEG WITH DIABETES MELLITUS.ARTERIOSCLEROSIS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, \$20f. (City or town)

(County) (Stote)

MEDICAL factory, street, office bldg., etc.) Hour o. m. While Not while ot work 🔲 of work p. m. 21 I certify that (Milithis haspital) attended the deceased fram March 11 ... 1960 to April 9 ..., 1960, that (Milithia haspital)

saw the deceased alive an April 9, 19, 60 and that death occurred at 7:45 Mam the causes and an the date stated above 226. SIGNATURE 226 DATE arthur T. taulh, nis 10/60 PHYS KK DIRECTOR [

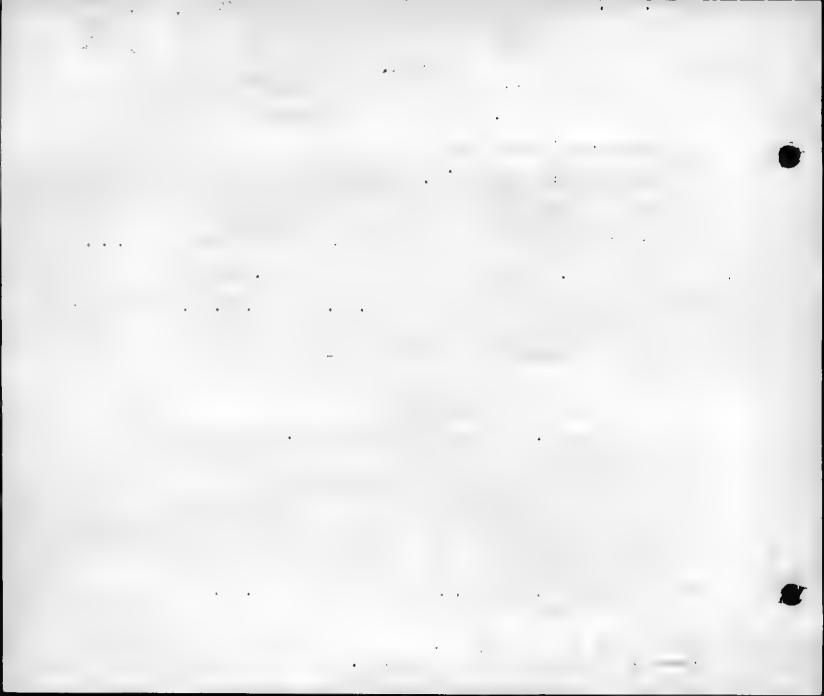
22c, PHYSICIAN'S NAME (Type)

ARTHUR T. FAULK, M.D.

22d, ADDRESS VAH. BALTO. MD. FT. HOWARD DIVISION

	23c NAME OF CEMETERY OR CREMATORY		23d, LOCATION (C	I'ty, town, or county)	(Stote)
Gremation 2//3/60	Fort Lincoln		Blader	sburg, Maryla	and
24 FUNERAL PHOTOS BIGNATURE	ADDRESS	250 REC'0	D BY REGISTRAR	25b, REGISTRAR'S SIGNATU	RE
Frampton Carroll Undertake	ers Easton, Md.	DATE	MAY 23'60	arthur S.	Flearit

FILLERAL poge the St o VR A1E (4) 15M 9/59



TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is ofter death. Page 4 may be referred by the hospital or attending physician.

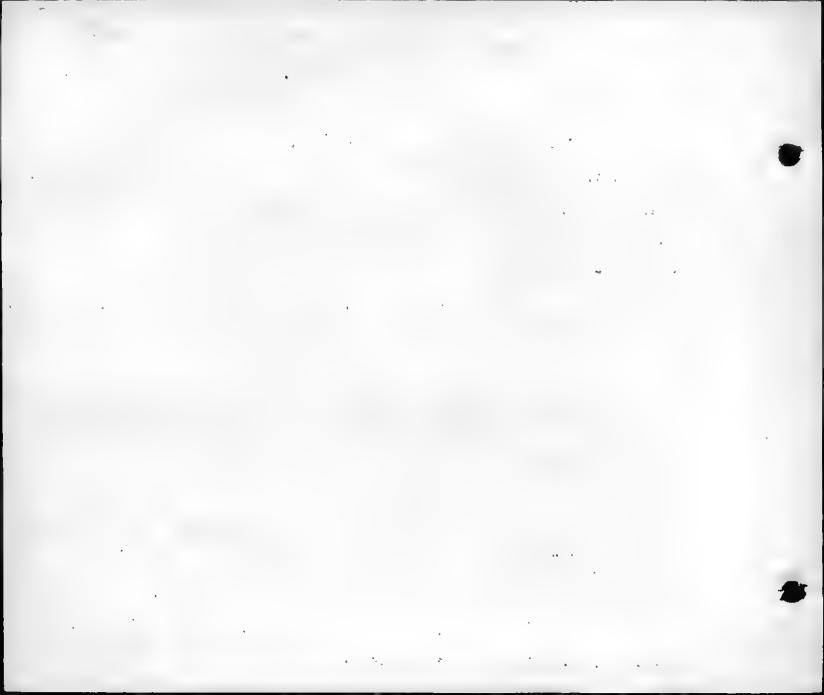
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death.

VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

L	1950	CLKIIIICA	CIL OI DEATH		Reg. Dist. No.
	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o STATE Mary	ere deceased lived. If institution Land b. COUNTY	Baltimore
	b. CITY OR TOWN (If autoride corporate limits, write RURAL and give nacrest town) OWSON	c. LENGTH OF STAY IN 16	55 Town	utside carporate limits, write RUI	RAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 826 Scarlet		1 d. STREET ADDRESS 826 Scarl	lett Drive	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Mr. Paul	Middle	li Pino	4. DATE Month OF Ar	oril 14th 19 6
	sex 6. COLOR OR RACE 7. MARRI male white WIDOWE	79(Sept 3, 188	last histhelast	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	00 USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	^ .	
	Sebastian Di Pino S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 9 Yes, no, or unknown) (If yes, give wor or doles of service) 27		Josephine Wrs. Jennie	Di Pino 826	C 1 0
	PART 1, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Canditians, if any which gove rise to immediate cause (a), stating the under lying cause lost. (c)	ebrol orte	rounto t	n .	ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CO. PART III. OTHER SIGNIFICANT CO. PART	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMII	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I or Part II of item 18.)	
	20c. 71MF OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 of wark	Not while fac	CE OF INJURY (Hame, form, tary, street, affice bldg., etc.	20f. (City ar town)	(County) (State)
>	21. 1 certify that I attended the decease alive an 4-13, 196. ACTUAL SIGNATURE	ed fram. 4- 2 and that death			an the date stated above. (a) DATE SIGNED
	PHYSICIAN'S SEBASTIAN	RUSSO ND	5017	HARFLAN 1	ROAD
	Burial (Specify) 4/18/60	226. NAME OF CEMETERY OF Holy Redee		20d. LOCATION (City. town, or Baltimore,	county) (State), Maryland
1	3. FUNERAL DIRECTOR'S SIGNATURE Leonard 1. Ruck 5305	ADDRESS Harford Road	240. REC'E DATAPR		RAR'S SIGNATURE



	I t	em 18 Fi	lm 261 4-4	FOLCA	LEXAMINE	DIC CED	TIELC A	TE OF	DEATH	4 4 6	. (1	
2 2 2 2 2			4250 M	EDICA	LEXAMINE	K 3 CEK	HIFICA	IE OF	DEATH	Reg. Diet. N	20	
ould and	1,	PLACE OF DEATH				31		Where deceas	ed lived. If Institu		efore admi	ssion)
4 5 5 S		6. COONT	Balti.ore		MARYLA	ND a. ST/	TE Mar	ryland	P. COUNT	Y		V
Poge burial,		o. CITY OR TOWN	(If outside corporate timuts, wri	e RURAL	c. LENGTH OF STAY IN	16 c. CIT	Y OR TOWN (I	fautside carp	porate limits, write	RURAL and give	neorest to	wn)
Cerse o bu	L		sville		Limthlidys		Baltimo	re		37	1.4	
ctor.	'				ital, give street address)	d. STI	EET ADDRESS				e. 15 RI	SIDENCE A FARM?
14	_	SPRING	GROVE STA	E HC	SPITAL	65.	17 Vince		Avenue		YES [NO
is or is		NAME OF	Fi 7	rst	Middle	7.1	Lost	4. DATE OF	Manth			uar / -
fund r y reg	5. 5	(Type or print)	Paul	17	Augusta		tman	DEATH	April			9 60
# \$ \$ \$ = _					NEVER MARRIED	_		0.00	9 AGE (In years lost birthday)	Months Days	Hours	Min.
ti o ii ii	1	ale	white	WIDOWED			12, 18		12 yrs.			
P 2 2 4 1)	100	luring most of work	ing life, even if retired)	agner Ivo, Ki	IND OF BUSINESS OR IN	DUSTICE FIS. BIN			ountry)	12. CITIZEN		COUNTRY
\$ 0.4 kg	12	FATHER'S NAME	OMIT			24 4407	Marylai			U. S	. A.	
S mg	13.		a Ditman			I4. MOII						
f ho	15.		VER IN U. S. ARMED FO	RCES2 14 S	OCIAL SECURITY NO	7. INFORMAN	Hannah	GOGIL	Address			
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	[Yes	, no, or unknown)	Iff yes, give war or dates of	Hervice!	6-07-7458			NIC OD		777 777 777	1 (11 4 %	
1 S S S S	H	18. CAUSE OF DE	ATH [Enter only one co			reconto	Se SPRII	NG GR	OVE STAT	INT	ERVAL BETWE	EN
18. n P.			ATH WAS CAUSED BY	1	Broncho Pne	umonia				014	SET AND DE	TH
ecul for sit p		9041	MMEDIATE CAUSE (o			rai					-	
ron Ton		Canditions, If			11	William.	Sisse	-1				
Id b		gave rise to imme	ediate couse	~_								
Pod olo bud		cause fest.	onderlying) (c		Fracture Ri	ght Hip	-	Acci	dent			
iffice os o	Z	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTR BUTING TO DEATH B	UT NOT RELATE	D TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN-PART 1(0)	19 WAS	AUTOPSY
ding see	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IOU 19 WAS AUTOPSY On 3-17-60 reduction and internal fixation with Smith-Petersen nail and PERFORMED? Side plate was performed under spinal anesthesia.										
Ded Cert	RTIFI	20a EXTERNAL CA PR•MARY □ or CC	LUSE WAS 2	M DESCRIRE	HOW INTERY OCCUPE	D. /Fater nature	of intervie Por	t I on Don't II	of them 18 1 DH	troe f.	annd	020
This com	I O	CAUSE OF DEATH	•	frac	with pain of right fe	mur = c	reunst.	n-ray	revealed of injury	Lincertr	oenan	teric
ER: V	MEDICAL	20c. TIME OF INJU	JKT Month, Day, 18	or 20d. It While	NJUKT OCCURRED [20e.	PLACE OF INJU	RY (Home, torn	n. 20f. (City	or tawn)	(County)		(State)
AIN Series	₩.	9 p. m.	3-7 19	60 at war	k at work	nospita			atons vill			
Pogniting.					emains described], and 1	ind that
Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.		death resulted	d from: Natural	causes	, Accident .	Suicide,	Hamicide	. [], Ur	ndetermined c	ause 🔲.		
Sold Sold Sold Sold Sold Sold Sold Sold		ACTUAL -	10-m	160	Al.			. seedle			DATE S	IGNED
A TO		SIGNATURE	Les gr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			EF MEDICAL E	_				
A Seed of Seed		EXAMINER'S	George l'	Vines	er, M. D.		ISTANT MEDIC PUTY MEDICAL			Apr	il 1	, 1960
NO.	220	NAME (Type)	ON, 22b. DATE THEREO		22c. NAME OF CEMETERY						***	
cute Borw or re		REMOVAL (Specify	n				1		ITON' (City, town, o		(State	")
	23,	Burial FUNERAL DIRECTO	R'S SIGNATURE	1//	ADDRESS /	vem.	24a, REC	D BY REGIST	Noodlawn,	TRAR'S SIGNATU	IRE	
VS. A15ME(5)	14	1. m. 4.	Victerier	Y VI	W - 16A6	17	DATE		60	1. 1. tu		
5M 9/55	BE	V	-100101	1 /06	, , , , , , ,	Mu			,			

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY o STATE **b. COUNTY** MARYLAND Baltimore Maryland Baltimore 6 CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Rural
Towson should Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Glenarm Road Glenarm Road YES NO NAME OF First Middle 4. DATE Month Doy DECEASED (Type or print) DEATH Sister Mary Genevieve Dittmann April 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Ноиги Female WIDOWED [7] DIVORCED [7] White Jan. 19, 1875 yes. 10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Housework West Prussia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Mann John Dittmann Have haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Sister M. Peter Fourier Notch Cliff. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Coronary **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour e.m. While Not while of work of work detached far 19 60 that I last saw the deceased Feb. April 21. I certify that I attended the deceased from. burial, and that death accurred at 12.25PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 21/60 7501 York Road Towson 4. Md. 3 should PHYSICIAN'S NAME (Type) Charles F. O'Donnell M.D. FUNE 220. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City page (Stote) REMOVAL (Specify) the 60 0 23. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR VS A15 (4) 15M 10/57

after death. Page

		•
•	•	
	,	

requires that the death certificate

physician

attending

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4263 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY **b.** COUNTY Bal timore MARYLAND e funeral lould be fi CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Towson Convalescent Home Tai t YES NO NAME OF First Middle 4. DATE Lost Year DECEASED April (Type or print) GHORES DEATH M DOTTERWEICH. 60 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8 DATE OF SIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days White DIVORCED | Male WIDOWED [August 10.1888 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.B.A. Retired Bal to Tran. Co. **Baltimore** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Dotterweich Mary K. Genhardt. ottending physici hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Dotterweich Wilhelmina E. Same. 72 Νo within 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)/ond (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which 1 5 K gove rise to immediate DUE TO 3 cause (a), stating the underlying cause lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES TO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 201 (Eity or town) Day, Year 20d. INJURY OCCURRED Countyl (Stote) factory, street, office blda. Hour o. m. While Not white at work -at wark 21. I certify that Vattended the deceased from and that death accurred at 6:00 Madrem the causes and an the date stated above. alive on ADDRESS (Street,/city or ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawn, or, (Stole) REMOVAL (Specify) ь 01 PONERAL DIRECTOR'S SIGNATURE ADDRES! .240, RECID BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



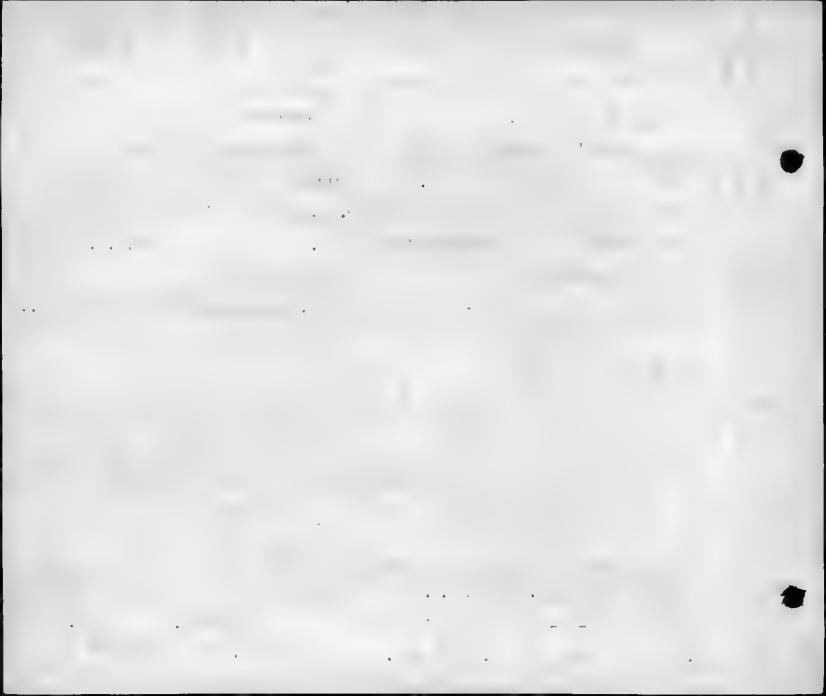
VS A15 (4) 15M 9/58

04192 Reg. Dist. No.

	PLACE OF DEATH a, COUNTY					2 USUAL R	ESIDENCE (W	here decease	d lived. If inst		: Res'denc	e befor	e admis	sion)
Baltimore			MARYLA	Maryland b. COUNTY										
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. LENGTH OF STAY IN			c CITY OR TOWN (If outside corporate limits, write RURAL and g					ve nearest town)		
Catonsville 3				36rr8mth28dy		B	Baltim	ore				340114		
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)			T ADDRESS							SIDENCE A FARM?
	SPRING G	ROVE STATE	E HO	SPTT AL		22	2 east	Lafay	ette St	ree	et] NO [
3.	NAME OF DECEASED	Fir	st	Middle			losi	4. DATE	Month			Do	7	Yeor
	(Type or print)	Ora				Du	ncan	DEATH	April		il	5		1960
5. :	SEX	6. COLOR OR RACE	7. MARR	RIED 🔀 NEVER MARRIED 🔲		B. DATE OF B	IRTH				Months	_		
	female	white	WIDOWE	DIVORCED		Feb.	16, 18	878		yrs.	MONINS	Days	Hours	Min
10a	. USUAL OCCUPATIO	N (Give kind of work of	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRT	HPLACE (State	ar foreign c	country)		12.CIT(2	ENOF	WHAT	COUNTRY
	housew	ife						ervlan				TI	S	Α
13.	FATHER'S NAME					34. MOTHE	R'S MAIDEN						ga	
	Thomas	Gangley				Mat	ry Foxy	rell						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	IN	IFORMANT	1 1 0000	V Sal salesia		Addres	is .			
	s, no, or unknown) Jiknown	if yes, give war or dates of s		Unknown	Re	oords:	SPRIN	IG GR	OVE ST	ATE	HO.	SPL	TAT.	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]									RVAL BE	ETWEEN			
PART I, DEATH WAS CAUSED BY: Anterioscientic condigens for dispose										ET AND	DEATH			
	// 2 C													
Conditions it any which									1					
	gave rise to immediate Dur TO											1		
	lying cause last,	stoling the under-												
z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS)													
CATION	PERFORMED										ORMED?			
E C	Possible carcinoma of the bladder 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18)								i_	153	NO D			
L CERT	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)													
MEDICAL	20c. TIME OF INJURY Hour a. m.	Jacks stood office bide at 1												
ME	Hour a. m. While Not while of work of													
	21. I certify that I attended the deceased from Feb. 5 , 19.60, to April 5 , 19.60, that I last saw the decease													
	alive an April 5 , 19 60 , and that death accurred at 4:00pM, from the causes and an the date stated above													
	ADDRESS (Street, city or town, state) DATE SIGNE													
	SIGNATURE Sulla Wallester MD SPRING GROVE STATE HOSPITAL 4-5-60													
	PHYSICIAN'S NAME (Type)	Stella Wac	hsler	, M. D.		Ca	tonsvi	lle 28	Mary	Lan	d			
220		N. 225 DATE THEREO	F	27c NAME OF CEMET	ERY-OF				TION (City, Iov				(Sta	te)
	REMOVAL (Specify)	7/12/6	5 i	1 cleving	of -	mof.								
23	SUNERAL DIRECTOR	SIGNATURE		ADDRESS	+	,		D BY REGIS			RAR'S SIG			
4	realersony Be	ound	29	5, Treen	€ ,	Pf,	DATE #	APR 18	'60	Cla	thur S	the	ur.A	

420.8

ND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ON A FARM?

YES NO

Year

PERFORMED? YES NO T

(Stote)

SIGNED

(State)

Cirlhun & Kraus

'60

Hours

19 60

15M 9/59

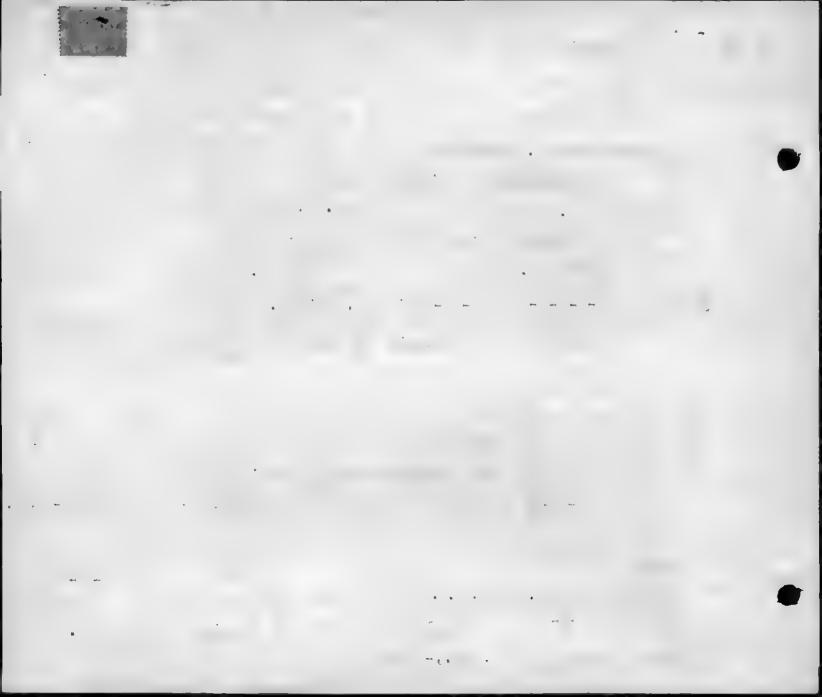


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2 USUAL RESIDENCE (Whata dacassed I vad, If institution, Residence before admission Health Page a. COUNTY **b.** COUNTY Baltimore Baltimore I d'rector, Pag or your fules. MARYLAND b, CITY OR TOWN (if outs da corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) YOUR write RURAL and give nearest town) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 3 to the funeral ON A FARM? 7600 Hillsway 7600 Hillsway retained State YES NO [3. NAME OF DATE Middla DECEASED ŧ (Typa or print) PIDNEN GORDON DEATH April 26 19 with 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and 2 w may last birthday) Bud Months Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Pages fluditor for American Stimore, Maryland PM3. 13. FATHER'S NAME Morton udia Smith Form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT [Yas, no. or unkown] [[fyasgivawarordatesofservice] Evelyn Estep, 7600 Hillswar 18. CAUSE OF DEATH [Entar only one cause par I ne for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Artery Thrombosis IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease. DUE TO removal, Conditions, if any, which [b] gave rise to immadiata cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Lat. 19. WAS AUTOPSY CERTIFICATION PERFORMED? ihe word NO crem plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury In Part I or Part II of tem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) Month, Day, Year (County) (Stata) factory, straat, office bldg., etc.) Hour B.m. Not While at work forwarded to the L DIRECTOR: Pa at work execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy 20 Inspection Inquiry and in my opinion death resulted from. Natural causes K Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 4/26/60 EXAMINER'S Charles S. Petty, M.D. NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Baltimore emeteru 40 Burral 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Ruck 5305 Harford Road Orthur S. Hraus 5M 7/59

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PRESTON STREET, BALTIMORE 1. M. Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution, Residence before edmission) e. COUNTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If A Calay is necessary, e the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hegithm a. STATE b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (if outside corporete limits, ELENGTH OF STAY IN IN c. CITY OR TOWN lift outside corporate limits, write RURAL end give neerest town! write RURAL and give negrest town? Sparrows Point Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (Finot In hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 501 uEn Street YES NO IK Bethlehem Steel Co. Dispensary NAME OF DATE Month DECEASED (Type or print) DEATH MiltonMarkowker 29 1960 6 COLOR OR RACE T MARRIED NEVER MARRIED S. SEX 8, DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. Espirithdey) Sept. Hours Male Wh. WIDOWED [10a. USUAL OCCUPATION (Give kind of work File pages 1 and vent within 72 h 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life even if relired)
Boiler Foreman Steel USA Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Andrew J. Estes Lucy J. Walton any event WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs.Addie B.Estes-same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN _= ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Carbon Mombride Poisoning IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying cause lest. cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burlal, cremet NO 2De. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Ran hose from exhaust into car 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) Not While et work et work Street parking lot - Sparrows Point-19.Md. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection 🙀 🗼 Inquiry 🙀 and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide X Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 4-29-60 DEPUTY MEDICAL EXAMINER . **EXAMINER'S** Melvin B. Davis, M.D. Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DE 22d. LOCATION (City, town, or country) Burial Moreland Memorial 240 g Baltimore County Md 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arillar S. Kraus Walter Brooks Bradley, Inc., - Dundalk 22 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH





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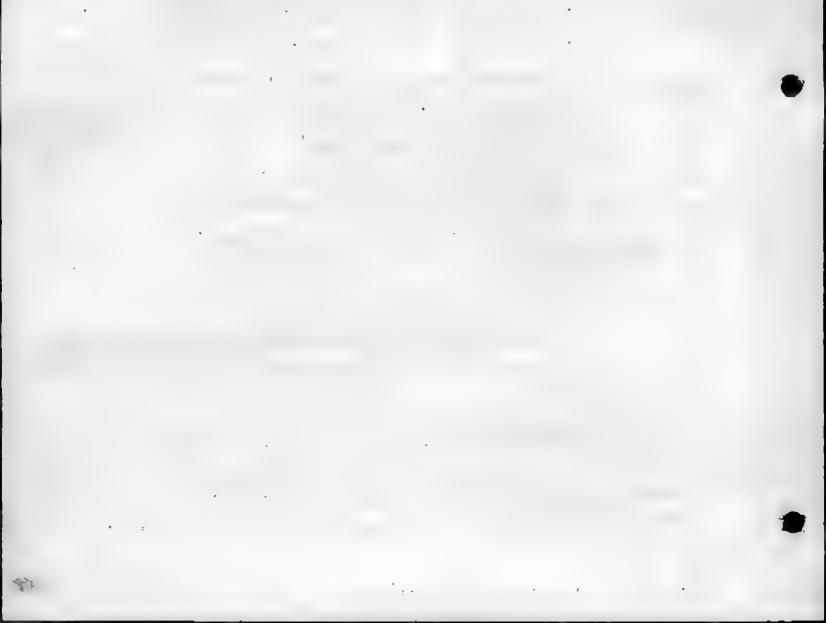
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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

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it the dilath certificate bil axelluted within 2 after death. Page 4	the attending physicias and campletely filled in by the funeral director. Then please remave carbon gapers Pages I and 2 should be filled with and in any event, within 72 hours after death.	\
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certifica	ng physic e remove event, wil	
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Thom 23 Pin-0261 4/25/60 exCEPTIFICATE OF DEATH

100m L/ - 2	/ DATA	CEICIT	CAIL	OI DEATH			
. PLACE OF DEATH	47.10		2.	USUAL RESIDENCE (WH	ere deceased lived	If institution: Residen	ice before admission)
o. COUNTY B	altimore	MARY	LAND	o. STATE Maryl	and t	. COUNTY Anne	Arundel
b CITY OR TOWN (If a	outside corporate limits, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (IF o	outside carporate lin	nils, write RURAL and	give nearest town)
Fort Howa	,	9 Devs		Gales	ville		C'
	L (If not in hospital, give stree			d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Veterans	dministration	Hospital					YES NO
NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Day Year
(Type or print)	JOSEPH	E.]	FOOTE	DEATH	APRIL	16 19 60
SEX	6 COLOR OR RACE 7. MAI	RIED NEVER MARRIE	D B	ATE OF BIRTH	9 AG		TYEAR IF UNDER 24 HRS.
Male	Colored WIDOV	VED DIVORCE		2/1/22	38	birthdoy) Months	Days Hours Min.
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Plumber	g me, even in territori	Plumbing		Parole, Ma	aryland	U	.S.A.
3. FATHER'S NAME			11	4. MOTHER'S MAIDEN N	NAME		
Robe	ert Foote				Denten		
S WAS DECEASED EVER	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	. 17, INFO	RMANT		Address	
Yes		14-05-2187	Clin	Rec. VAH. Ba	Lto_Md_Ft	Howard Di	vision
	H [Enter only one couse per	line for (a), (b), and (c).					INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY.	UREMITA					UNKNOWN
1 1.00	DUE TO	OT CLEAN CO.		-			OTATOTACUATA
Conditions, if on	a subtate V	CHRONIC PYE	TANKE	DTTT C			UNKNOWN
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lying couse lost.							
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NO	T DELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAR	PT 1(6) 19 WAS ALTOPSY
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OR CONTRIBUTING [CAUSE OF DEATH	2CKIRE HOW INJUKT O	CCOKKED (Enter noture of injury in	PORT OF PORT IT OF	nem 10.,	
20c. TIME OF INJURY	Month, Doy, Yeor 20d.	INJURY OCCURRED		OF INJURY (Home form		vn) (County) (State)
Hour o.m.	19 While	e Not while	toctor	, street, office bldg., etc	:-)		
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	(M (this haspital) atter		-		-		
	d alive an April	16 19.60 , and	that dea	th accurred at 4:	La PtrMn the c	causes and an th	
220 SIGNATURE	, 2	~D.		ATTENDING M	ED STA	AFF	226. DATE SIGNED
DO- DIVERSIANCE	a 100	5 /11. Car	MD	. PHYS Di	RECTOR PH	YS. 🔼	4/16/60
22c. PHYSICIAN'S NAME (Type)	CONTROL O DE OR	DI 36 D		VAH.BALTO	MD FT	HOWARD DIV	TSION
		in, M.D.					TOTON
23a BUR AL, CREMATION REMOVAL (Specify)	I, 236 DATE THEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d, LOCATION (City, town, or county)	(Stote)
Burial		96 Chews Mem	orial			lle, Maryl	and
24 FUNERAL DIRECTOR'S	Heround	ADDRESS		,	D BY REG STRAR	256 REGISTRAR'S SI	
Bernard H	ardesty Funera	1 Home, Gal	esvil	Le . Mal. DATE	1 9 '60	anthun &	. Firmed

may be "Cained by the haspital ar attending physician

TO **LINIBAL** DIRECTOR**. After this certificate has been signed by the attending physicia page 3 shauld be detached for use as the burial-transit permit. Then please remove at the State Board of Health priar to burial, cremation, ar remayal, and in any event, with TO HOSP VR A15 (4) 1SM 9/59

OR ATTENDING MAYSICAIN: The law requires that the diath certificate by exempted within 2

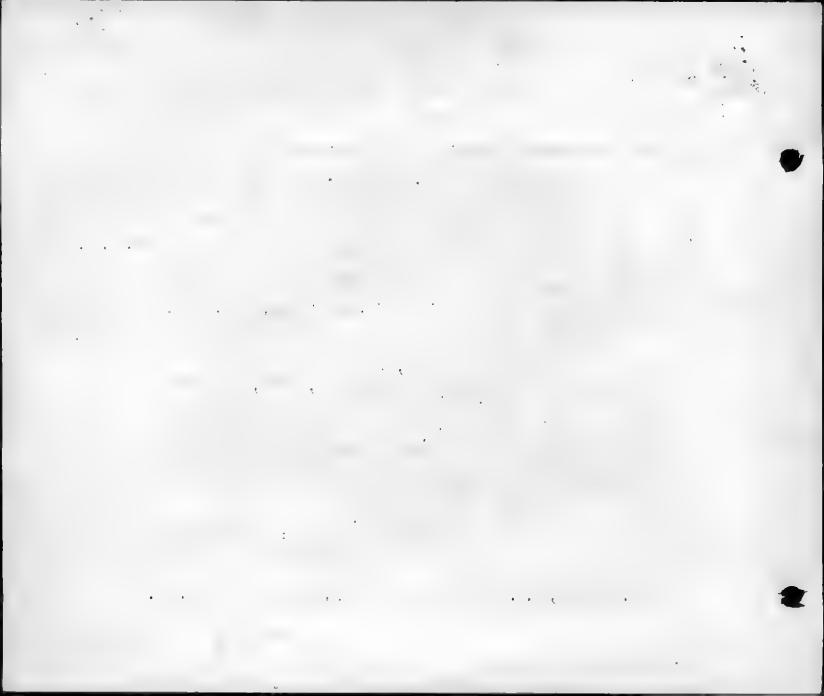
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PLACE OF DEATH			MARY	LAND	2. USUAL RESIDENCE 5 STATE Maryland	(Where decease	d lived. If institution b. COUNTY	on: Residen	ce before	odmissi	ion)
6 CITY OR TOW	N (if outside corporate limit	write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside corpo	rate limits, write R	URAL and	Bise vedu	est fown)
Fort Howe	ve nearest lown}		56 Days		Baltimore				31	A	+
	OSPITAL (If nat in haspital, gi	ve street	oddress)		d. STREET ADDRESS		t Notel		8.	. IS RESI	IDENCE
	Administratio				Eutaw and						FARM?
3. NAME OF	Firs		Middle		Last	4. DATE	Mon		Day		Year
(Type or print)	FERRE	Ĺ	в.		FOSTER	OF DEATH	April		23	1 1	19 60
S. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIE	D 🔲 🖯	DATE OF BIRTH		9 AGE (n years lost birthdoy)	IF UNDER		Hours	R 24 HRS Min
Male	White	WIDOW	ED DIVORCEI		September 6	. 1902	57 yrs	Monnis	Days	Hours	Mili
10a. LSUAL OCCUP	ATION (Give kind of work d working life, even if retired)	one 10b.	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHPLACE (S	tote or foreign c	ounly)	12 CITI	ZEN OF Y	WHATC	OUNTRY
Guard	manning may area a remout	Ci	ity Jail		Joplin.	Missou	ri	U.	S. A	1.	
13. FATHER'S NAME					14. MOTHER S MAIDE	EN NAME				-	
Neil Fost	er				Melissa W	formell					
IS. WAS DECEASED	EVER IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO	17 IN	FORMANT		Add	1053			
Yes	(If yes, give war or dates of se		109-07-3772	0.141	.Records,V	AH Relt	0 18 Md E	t How	5rc er	Disz	ieto
IB CAUSE OF	DEATH [Enter only one cou				- THOUSE THE STATE OF THE STATE	Har grand to	OA LO PIO A	-U-IIUW	INTER	RVAL 8E	TWEEN
			ESTINAL OBS		TON				RECE	T AND	DEATH
	DUE TO	all the same	-01111101 000	71100	T T-014				1	2142	
Conditions	If you which \	ADE	NOCARCINOMA	, CE	CUM				OLD		
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lysing cause I		REG	IONAL LYMPH	NOD	ES				OLI	D	
	other significant contry congestion aneurysm, abo	and	edema. Art	erio	SCIETOSIS,	general	ized.	EN IN PAR		PERFO	AUTOPSY RMED? NO
OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury	y in Part I or Por	t II of item 18 }				
Hour a.	NJURY Month, Day, Yea m. m. 19	r 20d. 1 While at wor	NJURY OCCURRED Not while t t work		CE OF INJURY (Home, ory, street, office bldg.,		or town)	(0	County}		(State)
21 certify	that (1) (this haspital)	attend	ded the deceased	fromF	b.25	16Q_,.ta_	April 21	, 1960)_, tho	ir the	we) lasi
sow the dec	ceosed olive on API	il 2	1 1960 and	that de	eath occurred at 5	:10PMrom	the couses on	d an the	a date	stated	above
22a SIGNATUR											b, DATE SIGNED
226 PHYSICIAN	29. Tacky	1	me	A	A D PHYS 22d ADDRESS	MED DIRECTOR	STAFF PHYS X			4/27	2/60
JOHN D	TALBERT M.	D.	-		VAH, BALI	TIMORE 1	8, Md.,F	r. How	MARD	DIV	ISIO
23a BURIAL CREMA	ATION, 236, DATE THEREO		T23c NAME OF CEMI	TERY OR		23d LOCA	TION (City, town	or county)		(State	~
Burial Spe	4-25-	60	Baltimore	Nati	ional Cemet	Bal	timore, M	aryla	ind		
24, FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS		25a. I	REC'ID BY REGIST	TRAR 256 REGI	STRAR'S S			
Wm.Clok-B	light. Inc. 600	9 Ha	rford Road	,Balt	to. 14 , Md DATE	APR 27	100	hothun .	d. /Via	JALM.	

may be waned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death rs after death Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 TO HOSP VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

YES NO NO

(Stote)

DATE SIGNED

U.S.A

(County)

ON A FARM

YES NO.

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VS A1S [4]

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4		MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMO	KE, 18 04204
-		4273 CERTIFICATE OF DEATH	Reg. Dist. No.
	1.	COUNTY BELL COUNTY	institution Residence before admission)
		c. CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, RURAL and give peares) (a)	, write RURAL and give nearest town)
X		or INSTITUTION (August April 1) August (August April 1) August (August April 1) August (August April 1)	Dolles e 15 RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED DIXIE First Gertrode Francis 4. DATE OF DEATH A	Month Day Year 196 4
	5. 1	Female White WIDOWED DIVORCED July 15-1891 (5)	in years IF UNDER TYEAR IF UNDER 24 HRS (Months Days Hours Min.
death.		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. ATTITYPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
Mours after		Caward 6 M Taylor 14. MOTHER'S HAIDEN HAVE.	Stombach ,
1	!	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANTO 100 OF OFFICE	Manue Maryand
		18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b)	INTERVAL BETWEEN ONSET AND DEATH
, c.c.		422, Due to A SC V D	
		gove rise to immediate cause (a), stating the <u>under</u> lying cause last. (c)	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFIC	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
2	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Add. INJURY OCCURRED While Not while of work of work of work of work of work of work.	(County) [Slote]
		" NA' (1/ -1/ 0 1/ 0 N/	196 o, that I last saw the decease
		ADDRESS (Street, city of	proven, state) DATE SIGNE
		PHYSICIAN'S NAME (Type)	letter grand or
he registror	220	BIPETAL, CREMATION, 26) PATE/HERBOF 220 NAME OF CEMETERY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF CREMATORY (20. LOCATION CONTEMPORAL OF THE PROPERTY OF THE PROPER	losto, or country (store) Mid
	23.	1. July 200 C Human Towns 12/21 Chall Miller & and a now	H. REGISTRAR'S SIGNATURE
57	L.	HOLL & SUMMER OF SUMMER DATE APR 18 84	Outland H



CERTIFICATE OF DEATH

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	466					K	g. Dist. No.	
	LACE OF DEATH	MARVIAND	2. USUAL RESE O. STATE	DENCE (Who	ere deceased lived.	If institution I		
_	Baltimore	MARYLAND	M	d.			Baltim	ore
ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hale Unorpe	c. LENGTH OF STAY IN 16	prof 1		utside corporate lin	nits, write RURA	L and give neares	t town)
(NAME OF HOSPITAL (If not in haspitol, give street OR INSTITUTION 1717 Park Ave.	oddress}	d. STREET A		Park A	ve.		S RESIDENCE ON A FARM?
3 1	NAME OF First	Middle			4. DATE			
(Type or print) Julia E.	Gartrell	los		OF DEATH 4	/15/60	Day	Year 19
5. S	Female 6. COLOR OR RACE 7. MARK	DIVORCED DIVORCED	B DATE OF BIRTH		382 September 1882		Onths Doys H	UNDER 24 HRS lours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPL	ACE (State of	or foreign country)		12. CITIZEN OF W	HAT COUNTRY?
	Housewife		Me	il.			USA	
13.	FATHER'S NAME		14. MOTHER'S					
	Alois Schaar		K	ather	ine Rin	nbach		
15. 'Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 16. 17. 18. 19. 19. 10. 10. 10. 11. 11. 11. 11. 11. 11. 11		harles	L. G	artrell	Address 1717	Park A	ve.
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	Sypertens	124. ld	rdet	Tascel	ine de	wate	2422
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS O							PERFORMED?
	206 ACCIDENT WAS UNDERLYING TO OBSERVE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature a	injury in P	ort I or Port II af i	tem 1B.}		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. 19 While p. m 19 ot war	Nat while for	ACE OF INJURY (I ctory, street, office			vn)	(County)	(State)
	21. I certify that I attended the deceas alive an affile 15, 196 ACTUAL SIGNATURE ABOUT 100 PHYSICIAN'S NAME (Type)	ed from Opru. 8	19 <i>50</i> accurred at M.D. 12604		M, fram the composes (Street, ci	auses and a		
	BURIAL, CREMATION, 276. DATE THEREOF REMOVAL (Specify) BUE 12.1 \$ 4/18/60	22c. NAME OF CEMETERY O	R CREMATORY	and the same of the same of the same of	22d. LOCATION (C		, ,,	(State)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D	BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	
H	oward H. Hubbard 410	7 Wilkens Av	re.	DATE AD	R 1 9 '60	arth	1 S. Krake	

and completely filled in by the funeral director, has papers. Pages 1 and 2 should be filled with rs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Then please remove cathon may be recained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion page 3 should be detached for use as the burial-transit permit. Then please remays and

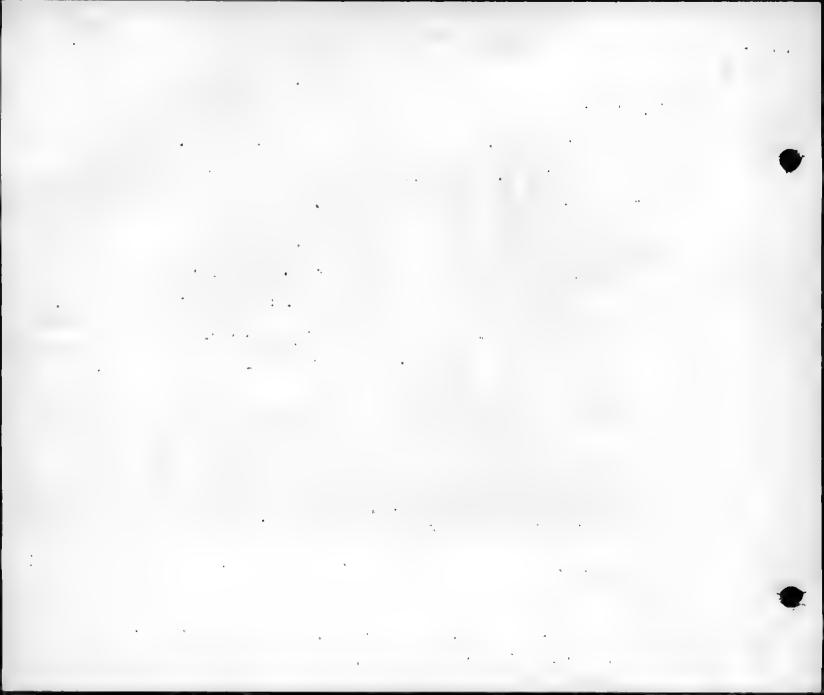
drs often

event within 72 has

crematian, or removal, and in any

the registrar prior to burial,

TO HOSP may be VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4274 CERTIFICATE OF DEATH

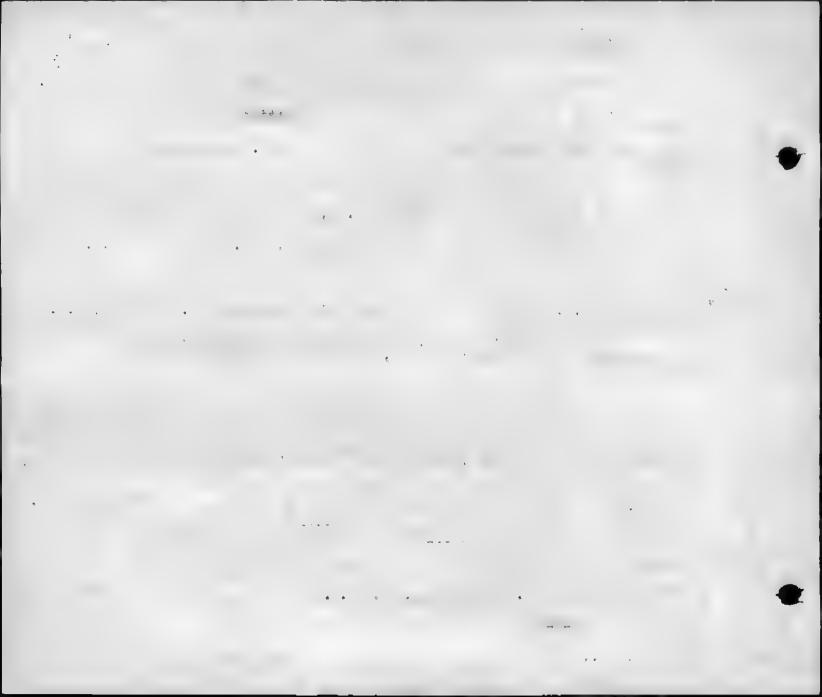
Reg. Dist. No.

a. COUNTY B	altimore		MARYLAND	o. STATE	Towns		. COUNTY	Kesigence berg	re gamissianij	
RURAL and give_r	(If outside corporate limits, learest town) altimore 12		TH OF STAY IN 16	c CITY OR	TOWN (If outside imore 1		its, write RURA	400 1 4	orest fown)	
d. NAME OF HOSPI OR INSTITUTION	JAL (If not in hospital, giv Mercy Villa Bellona Ave	e street address) nue		d STREET HOMEW	ADDRESS rood Apa	rtment	5		ON A FARM? YES NO	?
3. NAME OF DECEASED (Type or print)	Carl	otta	Middle B	Geogh		DATE OF DEATH	Apri	1 22	2 1960	
5 SEX FEMAL	7.90 2.1	MARRIED NI	EVER MARRIED [] DIVORCED [Sept. 22		9. AGE		JNDER 1 YEAR onths Days	Hours Min	
during most of wor	ON (Give kind of work do king life, even if ratired) ewlie	ne 106 KIND OF	BUSINESS OR IND		tace (State or fo	areign country)		U.S.	WHAT COUNTR	177
13. FATHER'S NAME	hn Brady				s maiden nami ih Ann F	_				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S ARMED FORCE (If yes, give war or dates of serv	16. SOCIAL SE 1213-09-		informant n.C.Geog	hegan, C	ambria	Address Farms	Rd.,P	noenix,	— Md
PART I DE. 153 Conditions, if a gave rise to couse (a), stating lying cause last.	the under-	(arc	inomd	S 19 MLC			DITION GIVEN !	ONS	P. WAS AUTOPS	
NO 20c. TIME OF INJU	MEDICAL EXAMINER)	20d. INJURY OC		ED. (Enter nature of	(Home, form, 2			(County)	YES NO	
	nat fattended the co	ot work or welleceased fram	ork 🔲	19 4	8, to 40-		uses and a	in the date	the decease stated above DATE SIGN	
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL)	226. DATE THEREOF		ME OF CEMETERY		1	LOCATION (C Woodla		ounty)	(State)	=
Wm . Cook - To	s signature woon, Inc.,	1050 Ŷo	rk Road,	Towson	24g. REC'D BY		246. REGISTRA	AR'S SIGNATUR		



RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If natitutions Residence before admission) This certificate should be executed within 24 hours after death. If any Zelay is necessary, a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page circle Examiner's Office along with form PM3. Page 5 may be retained for your files, wild be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, cramation, or removal, and in any event within 72 hours after death. e. COUNTY **b. COUNTY** Baltimore Bal ti more MARYLAND b. CITY OR TOWN (if outside corporate limits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give reerest town) Dundalk Baltimore 18 d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Bear Creek Bridge 301 E. 29th Street YES NO 3. NAME OF Middle 4. DATE DECEASED (Type or print) JERRY DEATH GILL April 1960 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In yeers (IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) | Months Hours Male WIDOWED [DIVORCED [Feb. 26, 1936 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il ratired) Painting Milford, Conn. U.S.A. Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nathaniel Gill (deceased) Doris McKean WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (See, no. or unknown) (If yes give we condeles of service) Doris Gill, 142 State St., Brockport, N.Y. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Grushing injury of right chest and blunt-force IMMEDIATE CAUSE (a) /injury of head, with depressed akull/fracture DUE TO Asphyxia due to drowning (b) geve rise to immadiate cause execute the certificate, writing the word "pending" execute the certificate, writing the word "pending". DUE TO (a), stating the undarlying cause lest Chief Medical Examinage 3 should be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY Crushing injury of right chest and blunt-force injury of head, PERFORMED? with depressed skull fracture. YES TO NO DEFACT pages certificancy please execute the certificancy 4 should be forwarded to the Chief process of PUNERAL DIRECTOR: Page 3 should be receignated agent, prior to burial, or the certificance of the cert 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Apparently knocked off painter's scaffold by moving bridge span CAUSE OF DEATH. 2Dd. INJURY OCCURRED 206. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yeer (State) (County) While Not While of work lectory, streat, office bldg., atc.) 4/29,060 Bridge Bal timore Md. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection ... Inquiry | and in my opinion Natural causes. Accident X. Suicide . Homicide Undetermined manner death resulted from-CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER | DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 4/29/60 EXAMINER'S W. Bradley King, Jr., M. Dedress (Street, c'ty, town, or county) NAME (Type) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specily) Lakeview Cemetery Sweedon, New York g.40 246. REC'D BY REG STRAR | 246. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Wm. Cook. Inc., 1217 St. Paul Street DATE MAY 3 arthur S. Krous 5M 7/59

Item 18 Film 263 5-24 MARYCAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Na 2. USUAL RESIDENCE (Where deceased lived (f Institution) Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN-(If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN III outside corporate limits, c. LENGTH OF STAY IN 16 OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO I 3. NAME OF Month Year DECEASED OF (Type or print) DEATH 19600 9. AGE I'm years 7. MARRIED 🔂 NEVER MARRIED 🔲 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days WIDOWED [7] DIVORCED [12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working tite, even if retired) 2-12000 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 40 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown H INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND GEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 19 WAS AUTOPSY PERFORMED? NO 🖃 20d. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, +20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) While Not while factory, street, at work at work 2). I certify that I took charge of the remains described above, held an Autapsy ... Inspection X, Inquiry X, and find that Accident , Suicide , Hamicide , Undetermined cause death resulted fram: Natural causes X, DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 00 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION City, town, or county) 220 BURIAL CREMATION. 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) aribur & Thouse

5M 9/55



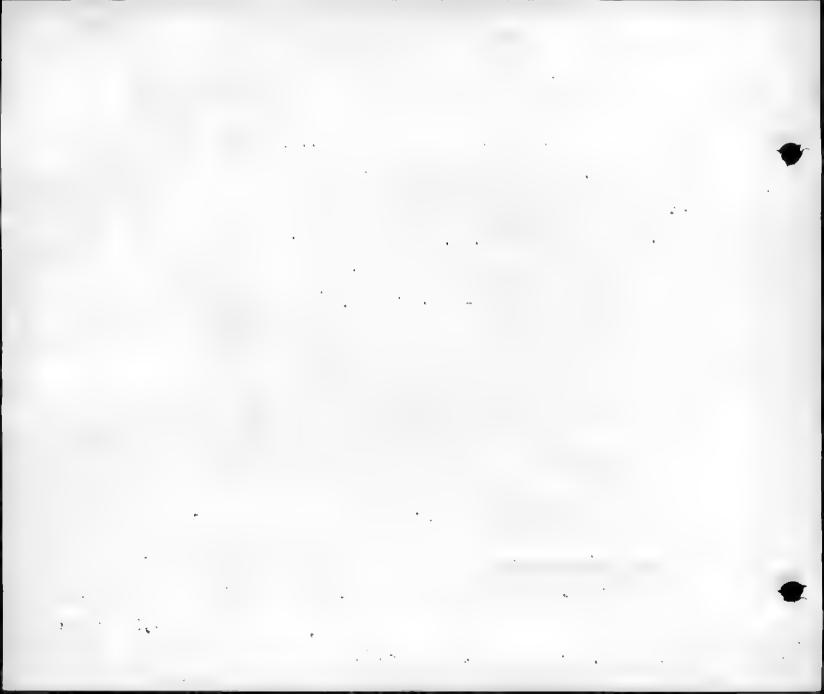
DO ATTENDING BUXCECIAM, TELL	
MANONE TRAINING FIRST STATEMENT OF A THE PROPERTY FIRST STATEMENT OF THE PROPERTY OF THE PROPE	and the deam. roge to
FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director,	filled in by the funeral director,
page 3 shauld be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with	ages 1 and 2 shauld be filed with
the registrar priar to burial, cremation, or removal, and in any event within 72 hour arter forth.	4 (
	M
	7 5

VS A15 (4)

15M 9/5B

NG PHYSICIAN: The low requires that the death certificate be executed within 24 is after death. Page 4 spital an attending physicion. If the this certificate has been signed by the attending physicion and completely filled in by the funeral director, if for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with 1, crematian, or removal, and in any event within 72 hour after path.	3. [5. 5]	PLACE RU RU NAM
NG PHYSICIAN: The low rec rspital an attending physician, star this certificate has been si f for use as the burial-transif I, crematian, or removal, and	MEDICAL CERTIFICATION	20a. OR (IF E 20c.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No E OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) TUNITY Baltimore o. STATE **b.** COUNTY MARYLAND timore IY OR TOWN (If autside corporate limits, write **ELENGTH OF STAY IN 16** c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RAL and give pearest Jawn) 'arkvi AME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE INSTITUTION ON A FARM? Glendale Road lendale Road YES NO TEX E OF Middle 4. DATE Lost Year Day A SED ames ondon DEATH or print) 00 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days DIVORCED [WIDOWED [AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY ing most of working life, even if retired) SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Records 0 Martha John Jenning Gordon DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address Glendale Road CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO inditions, if any, which (b) ve rise to immediate DUE TO ise (a), stating the underng cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) ITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Hour a.m. While Not while at work ot work p. m. certify that I attended the deceased from _,that I lost sow the deceased olive on that death occurred at M, from the causes and on the date stated obove. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Spegify) Ltimore la aru. Lana emeter bureal arkwood 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Hartord Road DATE APR 1 9 160 a thun of Knows



s ofter death. Page 4

TO HOSPI OR ATTENDING MHYSICIAN: The loss requires that the death certificate bs executed within 24 h, ofter death. Page 4 may be responded by the hospital or ottending physician.

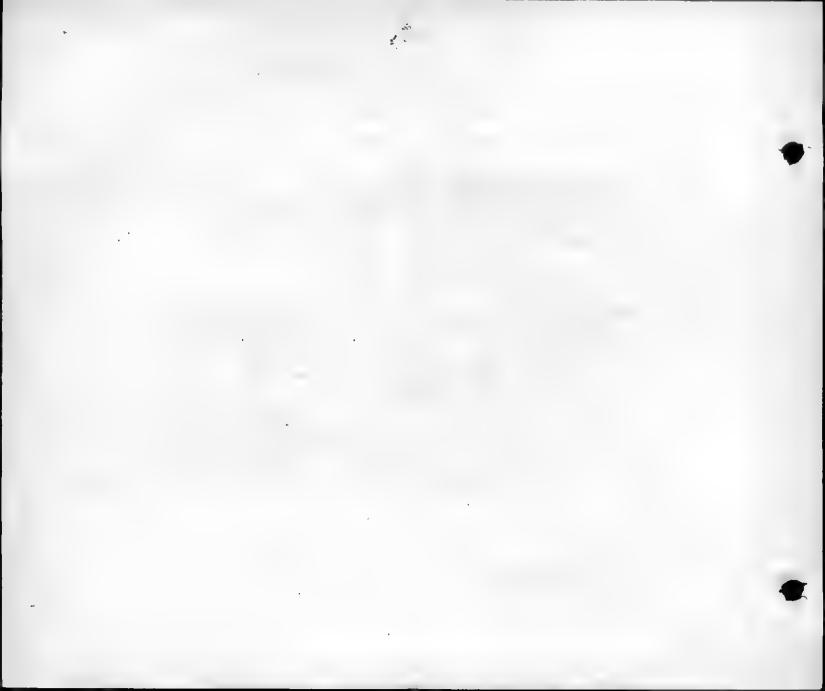
TO EUNERAL BIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimention page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4277 CERTIFICATE OF DEATH

64210

=				Reg. Dist. No.
Baltimore	MARYLAND	o. STATE Maryla:	ne deceased lived If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENG RURAL and give nearest tawn)	OTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RUI	RAL and give nearest town)
Overlea		X Overlea		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4503 Kenwood Ave.		4503 Kenwoo	d Ave	YES NO Y
B. NAME OF First DECEASED (Type or print) Robert Fulton Grosha	Middle INS	Lasi	4. DATE Month OF April 2	
S. SEX 6. COLOR OR RACE 7 MARRIED 1	IEVER MARRIED [B.	DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F UNDER 1 YEAR IF UNDER 24 HRS
male white WIDOWED	DIVORCED 🔲 J	une 2411/897/	1898 97 61yrs.	Months Doys Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF	BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State o	r foreign country)	12 CITIZEN OF WHAT COUNTRY?
during most of warking life, even if retired) Clothing cutter		Marylan	d	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
William Groshans		Sophis F	auler	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. INF	ORMANT	Addres	15
(Yes, no, or unknown) (If yes, give war or dates of service)	Hrs	Helen Grosha	ns 4503 Kenwoo	d Ave
18. CAUSE OF DEATH [Enter only one couse per line for (o).			1 -	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	E (Droy	wir occ	lusion	ONSET AND DEATH
DUE TO DUE	- A A A	cho la	Red of	_
Conditions, if any, which) (b)		· BULLA	1 2- 110 m	
gove rise to immediate Couse (a), stating the under	a week	- 4	VVICA	3. 1
lying cause lost.	110210	est lly	reardeen!	Tty needler
PART H OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	PAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO D
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED.	(Enter nature of injury in Pa	art I or Part II of item 18)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OG While Not p, m, 19 of work of v	CCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f (City or town)	(County) (State)
Hour o.m. While Not p. m. 19 at work at w	t while	ry, street, office bldg , etc.)		
21. I certify that I attended the deceased from	Tionella	2/19 60 to CE	120 12 19 6 S	nat I last saw the deceased
alive an alvert 2. 1960	, and that death a		1/	an the date stated above
in the same of the	A COLO IIIOI GEOMI G		DDRESS (Street, city or town, st	
SIGNATURE UPILLO O GOOD	lucing	D. 30015	Vaccuon Das	i Bailo 13 hu
PHYSICIAN'S NAME (Type)				~ ~ 1 ~ 4 ~ 4 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0
220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NA	AME OF CEMETERY OR C	CREMATORY	22d. LOCATION (City, tawn, or	county) (State)
brial burial April 5/60 Bal	timore Ceme	tery	Baltimore Md	
	DRESS	1 -		RAR'S SIGNATURE
Ullrich Funeral Home 4210 Bela	air Road	DATE AP	R 5 '60 Ca	Church & House



TO HOSP

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4278 CERTIFICATE OF DEATH

v4211

	7, 8	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	e admission)
	•	BALTIMORE	MARYLAND	O. STATE MARYLAND B. COUNTY BALT	IMORE
	Ł		LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give near	est tawn)
		RURAL and give nearest town) ALTIMORE	10 YRS.	XZBALTIMORE	
	1	d. NAME OF HOSPITAL (If not in haspital, give street add		d. STREET ADDRESS e	IS RESIDENCE
		OR INSTITUTION 7818 RIVERD	ALE AVE.	17818 RIVERDALE	ON A FARM? YES NO NO
`		NAME OF First	Middle	Last 4. DATE Month Day	Year
		OFCEASED (Type or print) CHARLOTTE	C. G	ROVES DEATH APRIL 7	1960
Y	5 5		NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR)	
)	T WIDOWED!		SEPT. 12,1897 62 yrs Months Doys	Hours Min
	10a.	J. USUAL OCCUPATION (Give kind of work dane 10b. Kinduring mast of working life, even if retired)	D OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF	WHAT COUNTRY?
		HOUSEWIFE #	PWE	1 JAKATAND O.	2.4"
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
			EWSKI	ONKNOWN	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SO(195, no. of unknown) [If yes, give wor or dates of service]	CIAL SECURITY NO	Why. J. Shows J. 7818 Ruerdal	Que.
		18. CAUSE OF DEATH [Enter only one couse per line f	or (a), (b), and (c).]		WAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronau	Collesion /	T AND DEATH
		420.0 DUE TO	-		0
		Conditions, if ony, which) (b)	arterior	elecated heart disease	
		gove rise to immediate couse (a), stating the under-			
		lying cause lost. (c)			
3	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CON	2.02	NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(a)	WAS AUTOPSY PERFORMED?
	IFIC.	200. ACCIDENT WAS UNDERLYING (920b. DESCRIE			IE3 NO E
		OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a m. While	IRY OCCURRED 20e. PL/ Nat white	ACE OF INJURY (Home, form, 20f. (City or fawn) (County) tory, street, affice bldg , etc.)	(Stole)
	ME	p. m. 19 at work	1401 441116		
		21. I certify that (I) (this haspital) attended	the deceased fram	1958, to april 7, 1969 the	it (I) (we) last
		saw the deceased alive on about 7	19 <u>60</u> , and that d	eath accurred at/2.PM, from the causes and an the date	
		220. SIGNATURE	_		22b DATE 5 GNED
		- mulls o de	eres.	M.D PHYS MED. STAFF DIRECTOR PHYS.	3 6 420
		22c PHYSICIAN'S NAME (Type) EMME TO 3P	Dans	5217 BSCBIR Rel BACT	- # 6
			20113		md.
		D. BURIAL, CREMATION, 23b. DATE THEREOF 2 PEMOVAL (Specify)	3c NAME OF CEMETERY O		(Stote)
		SURIAIA 4 11 60	0,111	IN. CEM. SALTO, MID.	
	24.	EMARAL D. RECTOR'S SIGNATURE (1) 72-	ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI	
		Harrier Miller, do	21 KAHSIM	DA ST. DATE APR 8 '60 Cinhun & the	
			011		



executed within 24

5. SEX

(ret'd)
13. FATHER'S NAME

10a. USUAL OCCUPATION (G

CERTIFICATION

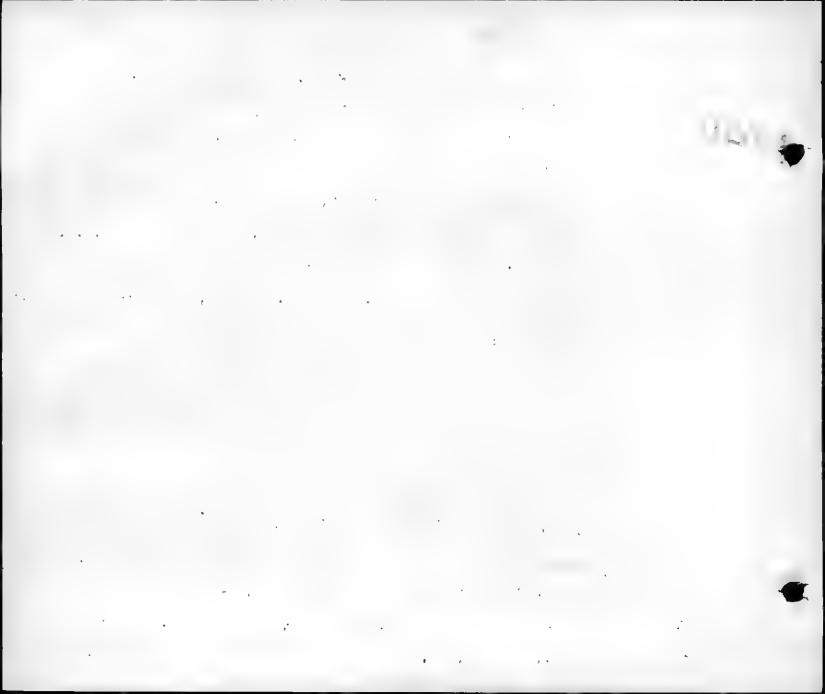
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	MARY	LAND STA	TE DEPARTME	NT OF HEALTI	H-BAL	TIMORE, I	8		
		4279	CERTIFICA	TE OF DEAT	Н		Reg. Dist.	212	
PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	2 USUAL RESIDENCE (W o. STATE Maryland		b. COUNTY	Balt	imore	
b. CITY OR TOWN RURAL and give	(If autside corporate line Cattonsvil	nits, write c LENI	GTH OF STAY IN 15	Lansdown		prote limits, write R	URAL and givi	e nearest law	n)
d NAME OF HOSE OR INSTITUTION	TAL (If not in hospital. Ridgeway		sing Home	d. STREET ADDRESS / 12 Third		1e			FARM?
NAME OF DECEASED (Type or print)		arles	Middle	Gunther	4. DATE OF DEATH	Apr		14	Yeo 60
Male	6. COLOR OR RACE	7- MARRIED 1		une 9, 1879		9. AGE (In years 8 st birthday) yrs	Months Do		Min
during most af wa	ION (Give kind of worl rking life, even if retire Foreman	-41	ent Factor	ry 11. BIRTHPLACE (State y Baltimo:		country)		U.S.A.	
FATHER'S NAME (u)	nknown)	Gunther		14. MOTHER'S MAIDEN					
WAS DECEASED EV	FR IN U. S. ARMED FC (If yes, give war or dates of			Francis P.	Saund	ers,1707		r Sjárj	ng Rd
PART 1. DE	EATH [Enter only one of EATH WAS CAUSED BY IMMEDIATE CAUSE DUE Tony, which]	(0) Carde	(b), and (c).]	rlan De	rea	26		INTERVAL BI	
gave rise to couse (a), statin lying couse last	g the <u>under-</u> DUE T	(c)							
PART II. O	THER SIGNIFICANT CO	NDITIONS CONTRIB	LTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	YEN IN PART 1	PERFC	AUTOPSY DRMED?
200 ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury in	Part 1 ar Po	rt II af item 18.)			
20c. TIME OF INJU Hour a. m p. m	10			CE OF INJURY IHame, farr ory, street, office bldg , en		y ar tawn)	(Cau	enty)	(State)
21. I certify	that I attended th	e deceased fra	m Jebruary	1 , 1960, to a	anil	14, 1960	that I last	saw the c	leceased
alive an	Egril 1"	1960	, and that death	accurred at SA		the causes an			d abave. TE SIGNED
ACTUAL SIGNATURE	yoursh	1. Ster	illey.	3913 Hol	lins	Ferry Ro	ad	4/1	4/60
PHYSICIAN'S NAME (Type)	Morris W.	Steinber	g	3913 Hol	lins	Ferry Ro	ad		

PHYSICIAN'S NAME (Type) Mor 22a. BURIAL, CREMATION, 22b. DATE THEREOF 4-16-60 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) 4430 Belair Road Holy Redeemer Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 1 8 '60 arthur S. Henre William Cook, Inc., 1217 St. Paul Street

VS A15 (4) 15M 9/5B



1280

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

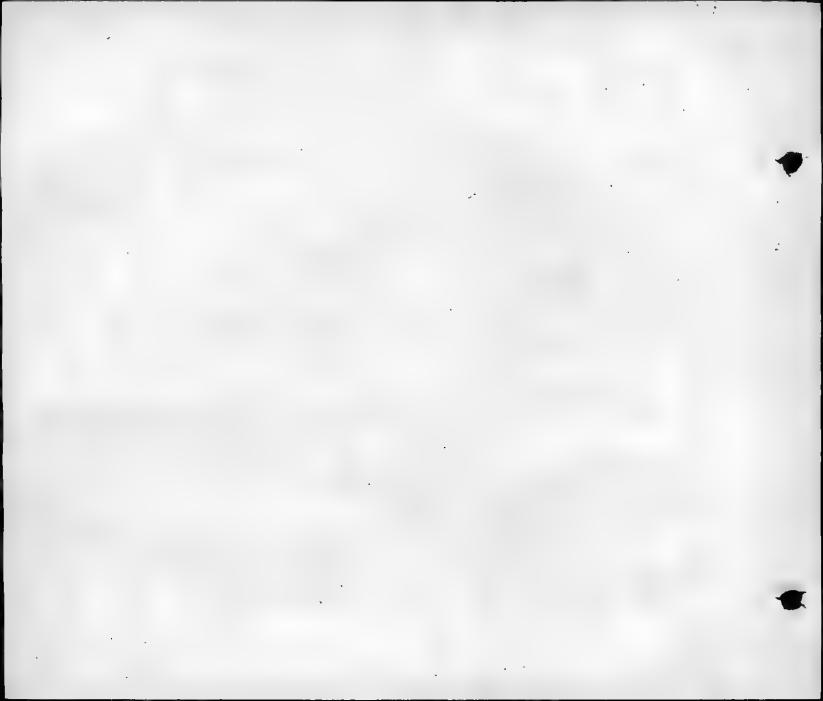
04213

	~	-	LAN	_	1
ea.	Dis	ė.	No.		

I. PLACE OF DEATH O. COUNTY	DENCE (Where deceased lived If institution- Residence before admission)
BOSTINGRE MARYLAND O. STATE	ALBYLAND B. COUNTY PLITINGE
b. City OR TOWN (II outside corporate limits, write BURAL C. LENGTH OF STAY IN 16 C. CITY OR	TOWN (It outside carparate limits, write RURAL and give nearest town)
ond give nearest (own)	SLE RIVER 54
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET A	
140 T 140 DA	A ON A FARM?
The state of the s	OKCTONE TUDE, SO WID TARD HOS
3. NAME OF First Middle Lost	4. DATE Month Doy Year
(Type or print) MARGUERITE HAINE	
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HKS. Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED MARCH	5, 1902. 58 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA during most of working life, even (f retired)	CE (Stole or largin country) 12. CITIZEN OF WHAT COUNTRY
COOK. COTTAGE INU. BAL	TIMORE MA. U.S.A.
13. FATHER'S NAME	AND
Grance Taxon	OCUD GREEN.
SEORGE AYLOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT	Address
[Tax no, ar anxhawn] [If yes, give wor ar dates of service]	_ _ +
No. 120-24-6518 VALLAGIE	
18. CAUSE OF DEATH Enter only one course per line for (c). (b), and (c).	INTERVAL BLEVVEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (a) STYPLULANCE C	V Ciscuse -
DUE TO //	
Conditions, if any, which) (b)	
gove rise to immediate cause (a), stoling the underlying DUE TO	
cover lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
8	PERFORMED?
200. EXTERNAL CAUSE WAS 200 DESCRIBE MOW INTURY OCCURRED (Enter noture of ing	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	, , , , , , , , , , , , , , , , , , ,
	ome, form, 120f. (City or town) (County) (State)
Hour a. m. While Not while lactory, street, office	bldg., etc.)
21. I certify that I took charge of the remains described above, held an	Autopsy Inspection Inquiry and in my
opinion death resulted from. Natural causes []. Accident []. Suicide	, Homicide , Undetermined manner
11 max	
SIGNATURE M.D. CHIEF MI	EDICAL EXAMINER (
ASSISTAN	NT MEDICAL EXAMINER
EXAMINER'S NAME (Type) // B A VIS // DEPUTY	MEDICAL EXAMINER []
220 BURIAL, CREMATION, 26b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	27d LOCATION (City, town, or county) (State)
REMOVAL (Specify)	CHASE MANUADO
I DURIAL APRIL 25, 1769 EDENEZER CEM.	
	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

TO DEPUY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defects a necessary, please executed certificate, writing the ward "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the first discrete. Page 4 shaulates forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

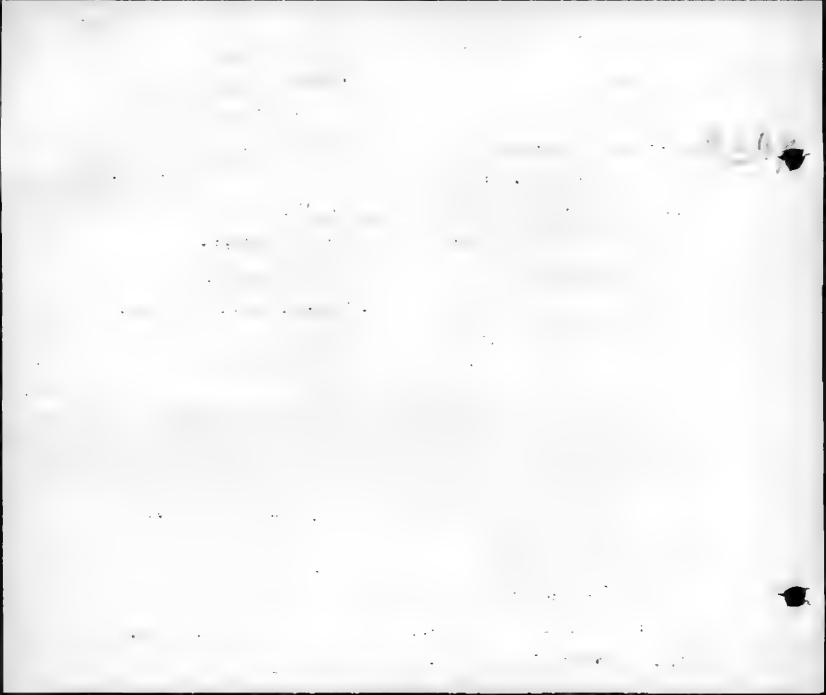
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS ATSME



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		42	CI	CERTIFI	CAI	E OF DE	АПП			Reg. Di	st. No.		
. PLACE OF DEATH . COUNTY Baltimore				MARYLA		USUAL RESIDEN o STATE Marylan		t	COUNTY				
b. CITY OR TOWN (If RURAL and give ned		mits, write	c. LENG	TH OF STAY IN	16	c CITY OR TOW	/N (If outside a	corporate lin	nits, write R	URAL and	give neo	rest town)
Catonsvil	le					Ellico	bt Cit	V.			/	Υ .	4
d. NAME OF HOSPITA OR INSTITUTION			address}			d. STREET ADDI							FARM?
Shady Nook						434 Col	umbia 1					TES [NO
NAME OF DECEASED (Type or print)		first F. I	HARDY	Middle		Last	4. DA	ATH	Apri		Do. 1960	· .	rear 19
5. SEX	6. COLOR OR RACE			EVER MARRIED	8.0	ATE OF BIRTH		9. AG	E IIn years	IF UNDER			
Female	White	WIDOWE		DIVORCED [Manch 33	1005	last	birthdoy)	Months	Doys	Hours	Min.
0a. USUAL OCCUPATIO during most af worki	N (Give kind of worl	k dane 10b.		BUSINESS OR I	INDUSTRY	11. BIRTHPLACE	(State or fore	ign country)	2	12 CIT	IZEN OF	WHATCO	OUNTRY?
At Home			None				d Count	y, Md.					
3. FATHER'S NAME	** * ***				1	4 MOTHER'S MA	IDEN NAME						
Rand	olph Day					Albe	rta War	cfield					
S. WAS DECEASED EVER	IN U. S. ARMED FO	PRCES? 16.	SOCIAL S	ECURITY NO.	INFO	RMANT		•	Addr	ess			
No			None		Wrs.	Charles	R.Slade	E111	cott	City.	Md.		
18 CAUSE OF DEAT	TH [Enter only one	couse per lin	ne far (a),		_		,				INTE	RVAL BET	
PART I DEAT	H WAS CAUSED BY	(a) 2	- ex-	rdiac	= 1/2	377 7 L	54 -				ONS	ET AND	DEATH
1422	DUE T												
Conditions, if on	which \	_	- L	AV							-2	, w) Ks
gave rise to im	mediate ((b)	-	4 1									
couse (a), stating the state of	ne <u>under-</u>	(c)	1	50	V	0					1	0	<>
PART II. OTHI	er significant co	NDITIONS C	ONTRIBU	TING TO DEATH	H BUT NO	T RELATED TO TH	E TERMINAL DI	sease con	DITION GIV	EN IN PAR	T 1(o) 1	9. WAS A PERFOI	AUTOPSY RMED? NO T
OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATI MEDICAL EXAMINER	20b DESC	CRIBE HO	W INJURY OCC	URRED. (E	inter noture of in	ury in Part I o	r Part II of i	tem 18)				
20c. TIME OF INJURY Hour p. m.	Manth, Day, Y	While		while		OF INJURY (Horr, street, office blo		(City or tow	rn)	(1	County)		(Stote)
					-	ZO	12	12		13			
21. I certify the	of Lattended th - して	,				19.22	0			Mat I lo			
alive on	7	, 19 🖳	<i></i> ,	and that de	eath ac	curred at		am the c			e date		
ACTUAL SIGNATURE	Vtho	refe	-		M.D	of	9 C	SS (Street, ci	ty or lown,	state)	20.	DATI	E SIGNED
PHYSICIAN'S NAME (Type)	Ter Van	137	The	-De- 1	MD.	.4	11.	0/+	C.	: 74		Ma	/
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226 DATE THERE	EOF	22c NA	ME OF CEMETE	RY OR CI	REMATORY	22d. L	OCATION (City, town, o	or county)		(State	:)
Burial	4-15-6	0	Da	mascus	Meth	odist		Dam	ascus.	Md.			
3. FUNERAL DIRECTOR'S	SIGNATURE		ADI	ORES\$			REC'D BY R	EGISTRAR	24b REGIS	TRAR'S SI	4 .		
F.C. Higinb	othom, Ell	icott	City	.14d		D/	TE APR 1	8 '60	Cin	thur S.	Hense	A	

VS A1S (4) 1SM 9/SB



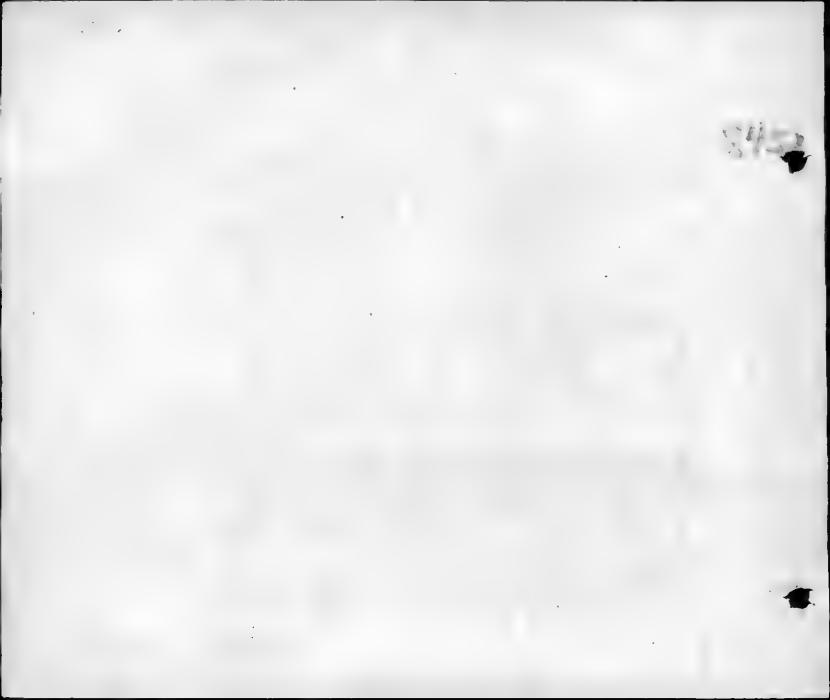
FOR STATE HEALTH DEPT. Poge files. Heolth, your F €J moy be 5 may 2 with Page 5 pages E first pending in Soffice. Aical Examiner's Office. Aical Examiner's Office. Chief Medical 8 3 should be used 44m (I) CTOR: Forwa

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN If outside corporate limits, write RUPAL c. LENGTH OF STAY IN 16 c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres) town! Tilestille d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) e. IS RELI DENGE ON A FARM? YES NO D 3. NAME OF Muddle 4 DATE DECEASED (Type or print) DEATH Wesley 19 9 AGE (In years IF UNDER 24 HES 5 SEY 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR Months Days Hours WIDOWED DIVORCED | 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Student 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Tir n Ti 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT [If yes, give war at dates of service) 18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Compound Fracture of skull (multiple) instant IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gove rise to immediate course **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? none YES NO 🛣 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING Riding bicycle S. on Reist. Rd., fell off & was struck by auto. CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stote) factory, street, office bldg , etc.) While Pikesville Balto. Md. Apr. 12 1960 of work of work Reist. Rd. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry 1. and in my apinian death resulted from. Natural causes , Accident k, Suicide , Homicide , Undetermined manner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 4-13-60 D. D. Caples, M. D. DEPUTY MEDICAL EXAMINER DO NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (CT) JOHR OF COUNTY (Stote)-REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

VS A15ME

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DIRECTOR:

FUNERAL

funeral

ND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH County Baltimore

RURAL and give nearest town)
Fort Howard

DECEASED (Served as

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) MARYLAND

Days

c. LENGTH OF STAY IN 16

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

d. STREET ADDRESS

576 Oxford Street

4. DATE

DEATH

IS RESIDENCE ON A FARM?

YES TO NO IX

Year

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Veterans Administration Hospital

6. COLOR OR RACE

CITY OR TOWN (If outside corporate limits, write

Middle W GE ORGE

HATCHER B. DATE OF BIRTH

April 9. AGE (In years lost birthdoy)

b. COUNTY

29 1960 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours

Day

Male Colored

7 MARRIED T NEVER MARRIED WIDOWED | DIVORCED |

August 10o. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)

14. MOTHER'S MAIDEN NAME

12 CITIZEN OF WHAT COUNTRY? Fayetteville, N. Carolina U. S. A.

Longshoreman 13. FATHER'S NAME

CERTIFICATION

WEDICAL

5. SEX

NAME OF

John Hatcher

Sarah Williams 17 INFORMANT 16 SOCIAL SECURITY NO

Address

Month

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Clin.Records.VAH.Balto.18.Md.Ft.Howard Division |217-01-991.0

Yes

CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

CE ORCE

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ACUTE HEART FAILURE

PERMENSIVE

Shipping

INTERVAL BETWEEN ONSET ANTODEATH UNKNOWN

Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.

DUE TO

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY

CARDIOVASCULAR DISEASE

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)

20c TIME OF INJURY

saw the deceased alive on

Doy. 20d INJURY OCCURRED While Not while of work M of work factory, street, office bldg., etc.)

MD PHYS

20e. PLACE OF INJURY (Home, form, 20f (City or town) (County)

(Stote)

PERFORMED?

YES NOT

o. m. p. m. 21 | certify that fly (this haspital) attended the deceased fram.

Emphysema

April and that death accurred at4:

PHYS K DIRECTOR

Arem the causes and an the date stated above. 22b DATE

Maryland

224 PHYSICIAN'S

BUM 181 (Specify)

220 SIGNATURE

TALBERT, M.D. 23a BURIAL, CREMATION, 23b DATE THEREOF

VAH BALTIMORE 23c NAME OF CEMETERY OR CREMATORY

18, MD.FT. HOWARD 23d LOCATION (City town, or county) Baltimore

Baltimore National Cemetery

250. MAYO BY REGISTRAR DATE

ATTENDING

22d. ADDRESS

256 REG STRAR'S SIGNATURE William S. Kense

Hayes, 638 N. Gilmor St., Balto.Md.

2 VR A15 (4) 15M 9/59

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s necessary, piedse exe-	Z		TERMI TIRECTOM Page 3 should be used at a lurial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.
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EDICAL CAMMINGS: Into Contricate shall be executed within 14 haufs order degin. If any	ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer	and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you	
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4284 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

64217

Reg. Dist. No.

b. COUNTY Baltimore MARYLAND o. STATE Maryl.and b. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) White Marsh d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) BOX 11:5 Bird River Grove Rd. 3. NAME OF DECEASED (Ivpe or print) 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NIVORCED March 22, 1895 Month P. AGE (In year) If UNDER 19 AND IO., USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT HAUSTOR UNKNOWN TURING 15. WAS DECEASED EVER IN U. S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT Address O. STATE Maryl.and b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) White Marsh White Marsh White Marsh A STREET ADDRESS BOX 11:5 Bird River Grove Rull on April 27 P. AGE (In year) If UNDER 19 AND IF UNDER 19 AND II. BIRTHPLACE (State or foreign country) USA 15. WAS DECEASED EVER IN U. S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT Address
White Marsh d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) BOX 1/15 Bird River Grove Rd. Anna Death Doy Year Of Death April 27 1960 S. SEX G. COLOR OR RACE ANARRIED NEVER MARRIED NEV
White Marsh d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) BOX 1/15 Bird River Grove Rd. 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE / MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED March 22, 1895 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN TURLing UNKNOWN UNKNOWN Address Address Address
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) BOX 1/15 Bird River Grove Rd. 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED SIDENCE MIDDOWED DIVORCED March 22, 1895 Month Female White WIDOWED DIVORCED March 22, 1895 Month Month Day Month Day House Min. Month Day House Min. House Wife wind of work done during most of working life, even if refired) HOUSEWIFE At Home Unknown Turling Unknown Unknown Address Address Address Address Address Address Address Address
Box 1/15 Bird River Grove Rd. 3. NAME OF DECEASED First Middle Lost A. DATE Month Doy Year OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE AMARRIED NEVER MARRIED S. DATE OF BIRTH PLANE (State or foreign country) 6. COLOR OR RACE AMARRIED NEVER MARRIED March 22, 1895 65 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSEWIFE At Home Germany USA 13. FATHER'S NAME UNKNOWN TURLing UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) Anna Hauster DEATH April 27 1960 S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (to your least birthday) Months Days Hours Min. Female White WIDOWED DIVORCED March 22 1895 65 yrs. Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if refined) At Home Germany USA 13. FATHER'S NAME Unknown Unknown Unknown Unknown Unknown Address Unknown Unknown Address Unknown Address Unknown Address Unknown Address Unknown Address Unknown Address Unknown Unknown Address Unknown Unknown Address Unknown Unknown
(Type or print) Anna Harster Death April 27 19 60 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lead birthday) 15. White WIDOWED DIVORCED March 22, 1895 65 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE At Home Germany USA 13. FATHER'S NAME Unknown Turling Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT
5. SEX 6. COLOR OR RACE White Widowed DIVORCED March 22, 1895 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if refired) Housewife At Home Unknown Turling 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. DATE OF BIRTH P. AGE [in your lead to the last birthday) Months Days Hours Min. 16. COLOR OR RACE Nonths P. AGE [in your lead birthday) Months Days Hours Min. 17. INFORMANT 18. DATE OF BIRTH P. AGE [in your lead birthday) IFUNDER 1YEAR IF UNDER 1YEAR
Female White WIDOWED DIVORCED March 22, 1895 65 yrs. 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Housewife At Home Germany USA 13. FATHER'S NAME Unknown Turling Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Housewife At Home Germany USA 13. FATHER'S NAME Unknown Turling Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT Address
Housewife At Home Germany USA 13. FATHER'S NAME Unknown Turling Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BNFORMANT Address
13. FATHER'S NAME Unknown Turling Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT Address
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
None Mr. Roy Hausler 6100 Sefton Ave. 14
18. CAUSE OF DEATH [Enter only one couse perfaine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY OLONOUN OLLING IN
420.1 DUE TO (1)
(Conditions, it ony, which) (b) Calendard alteric Sclares is 245
gove rise to immediate couse (e), stating the underlying DUE TO MALL COLD
couse lost. (c) / h (con susself)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
3 YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Part of the County) (Stole of the County)
Hour o. m. While Not while factory, street, effice bidg., etc.)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry and find the
death resulted from: Natyral causes Accident . Suicide . Homicide . Undetermined cause .
1/1/V/V/2 11
SIGNATURE ALCULUS M.D. CHIEF MEDICAL EXAMINER [
ASSISTANT MEDICAL EXAMINER []
NAME (Type) JUACK (O (O) LINS DEPUTY MEDICAL EXAMINER)
220. BURIAL CRIMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
220. BURIAL CRIMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial (1-29-1960 Oaklawn Bal timore, Md.)
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
Lassahux Tunural Hone 7401 Belair Rd.





MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertar. Page 4 should be cremation, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Baltimore Maryland MARYLAND buriol, b. CITY OR TOWN III outside corporate limits, write BURAL c. (ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town Dundalk Dundalk ector. ₽ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2620 Yorkway 2620 Yorkwat DATE OF DEATH NAME OF First Middle Lost DECEASED You (Type or print) William Miller Henderson VI 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years retained 2 with th WIDOWED T Male DIVORCED [White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) and Inspector Stecl may 13. FATHER'S NAME 14. MC executed within 24 hours pages Robert M. Henderson Poge 5 r 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. e <u>Give</u> No. irs. in New 18, Gi with form PM3, 18. CAUSE OF DEATH [Enter only one cause per line/ter (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit **DUE TO** Conditions, if any, which pencil grale gove rise to immediate couse **DUE TO** (a), stoting the underlying couse last. 0 50 ner's Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL CERTIFICATION used 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter not CAUSE OF DEATH. Exami MIDICAL IXAMINIR: This 3 should WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF II ute I retificate, miling the warmout of the Medical Buneral DIRECTOR: Page 3 st factory, street o. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, he death resulted from: Matural couses ACTUAL SIGNATURE M.D. **EXAMINER'S** NAME (Type) Farwa 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMA REMOVAL (Specify) 0 Burial Westminster Cemer Apr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No

Dov

IF UNDER TYEAR IF UNDER 24 HRS.

e. IS RESIDENCE ON A FARM?

YES NO TH

Yeor

19

60

b. COUNTY DESIGNATION

Month

April

. 19	, 191	1	48	yrs.	Months	Days	Hours	Min.
BIRTHPL	ACE (Stote	or fareign	country)		12, CI	TIZEN O	F WHAT	COUNTRY?
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LIL	ly We	aver		Address				
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TED TO	THE TERM	INAL DISEAS	E CONDITI	ON GIV	EN IN PA			AUTOPSY DRMED?
ere of in	jury in Por	t I or Port II	of item 18.	.)			163	
AJURY (F	lome, form	20f. (Cit)	or town)		{C	ounly)		(Stołe)
.,	oragi, ora							
ld on	Autops	у 🔲, Т	nspectio	n Z	-Inqu	iry 🔼	-and	find that
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		EXAMINER (_			4	· - 4	2360
ORY	mes-cra		TION (City,	lown. c	r county)		(\$tol	
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ery	24c. REC'	D BY REGIST	RAR 24	b. REGIS	TRAR'S S	IGNATU	RE	
	DATEAP	A 26 6	0	ant	lun S.	Krass	A	
			-		-			

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Ullrich Funeral Home Dundalk. Md.



TO HOSPIT

VS A1S (4) 15M 10/S7

H

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18,4222

CERTIFICATE OF DEATH 4286

Rea. Dist. No.

- 1		
	1. PLACE OF DEATH BELLIN OF E MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Bottomare
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN/(If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Ebenezer Rd.	d STREET ADDRESS Ebenezer Pd. e. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
`	3. NAME OF DECEASED (Type or print) A 4 5 + Middle	Lost 4. DATE Month Day Year OF DEATH April 19 19 61
	S. SEX 6. COLOT OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Oct. 22, 1865 9. AGE (Indicate Structure) Oct. 22, 1865 9. AGE (Indicate Structure) Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired. CARTILITIES	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTR
	13. FATHER'S NAME HOARD HENNIEIN	14. MOTHER'S MAIDEN NAME NARCARET / UDW/19
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	PAYOR W. Hennley Chase Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y:	- Peripheral Vascalar Disease Interval Between Onset and Death
	Conditions if one which) DUE TO A S ()	10
	gave rise to immediate cause (a), staling the under- lying couse last.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 1 NO 1
		D. (Enter nature of injury in Part I or Part II of item 18.)
	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the following p. m. 19 While Not while at work of work to the following p. m.	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.) (City or tawn) (County) (State)
	21. I certify that I attended the deceased from	(7
	ACTUAL William a. Typou	MD. Hing Sville Md. 4-19-60
	PHYSICIAN'S William A. Tyson	
	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CHAPTERY OF CEMETERY OF CEMETERS OF	ex CREMATORY 22d. LOCATION (City. town, or county) (State) Ex Methodist Chase, Batto, Co. Md.
d	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ASSAM TUNERAL HOME 7401 Belai I	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE APR 21 '60 Cirling S. Hours

ADAM HINNEIM

N.L.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No

	1	
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	J	
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and 2 should be filed with

ofter death. Page 4

TO HOSPIT. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be rs., ned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB

	Z	215	CERTI	FIC.	ATE OF DEATH	i		Reg. Dis	i. No.	
, PLACE OF DEATH o. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (Who state Maryla		d lived. If institute b COUNTY		e before odm Ltimore	
b. CITY OR TOWN RURAL and give to Dunce		s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or		rate limits, write R	URAL and g	ivs nearest to	wn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi				d STREET ADDRESS	dams R	load		ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	MARY	Hill	ebrand Middle	HJJA	Last DEBRAND	4. DATE OF DEATH	April		Day	Year 19 60
. sex Female		7. MARRI WIDOWE	DIVORCE	ا د -	B. DATE OF BIRTH Jan. 1, 1921		9 AGE (In years lost birthday) 39 yrs		Doys Hour	
during most of wo At home FATHER'S NAME	rking life, even if retired)	ane 10b.	KIND OF BUSINESS O	R INDU:	STRY 11. BIRTHPLACE (Store of Maryland		ountry)		I.S.A.	COUNTRY
Frank	Janowitz				Mary Kwe					
S. WAS DECEASED EV	ER IN U. S. ARMED FORG [IF yes, give war or dates of se		SOCIAL SECURITY NO		nformant 3. Mary Janowi	itz 66	09 Pine			
Conditions, if gove rise to couse (a), staling lying couse lost	immediate DUE TO	DITIONS C			NOT RELATED TO THE TERMIN			'EN IN PART	1(a) 19. WA	S AUTOPS ORMED?
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in P	Part I or Par	t II of item 18.}		YES [NO
20c. TIME OF INJU Haur a.m. p. m.		While	JURY OCCURRED Not while		ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)		ar tawn)	(C	aunty)	(State
alive an C ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	MW HO	. 196 PSV COB	and that	death	M.D. G. E.Z.J. C.	M, fram ADDRESS (SI	the causes an ireet, city or town,	d on the state) Ref B	date state Office of the state	ed abav
REMOVAL (Specif) BUTIEL FUNERAL DIRECTOR			Sarred H		of Mary		dalk Md	or county) STRAR'S SIG		ote)
	uneral Home	Dund				PR 1 1		Thun &	10	

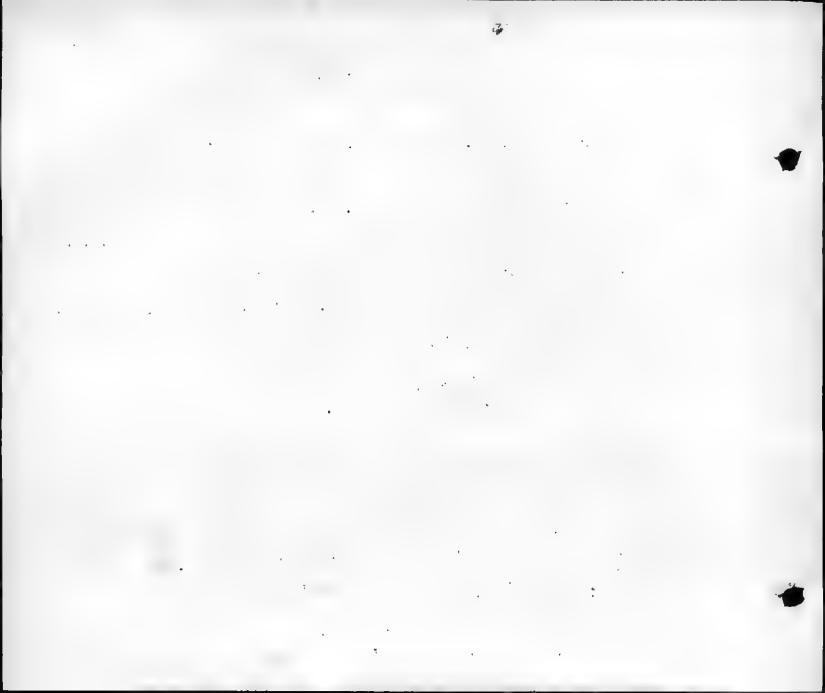


VS A15 (4)

15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

2 USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) e. IS RESIDENCE ON A FARM? YES NO Day Year 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY? U.S.A INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 PERFORMED? YES NO Q (Caunty) (State) ...that I last saw the deceased M, fram the causes ond on the date stated above 22d. LOCATION (City, town, or county) (State) 240. REC'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE Cook, Inc. DATE APR 25 '60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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FOR	STATE
HEALT	H DEPT.

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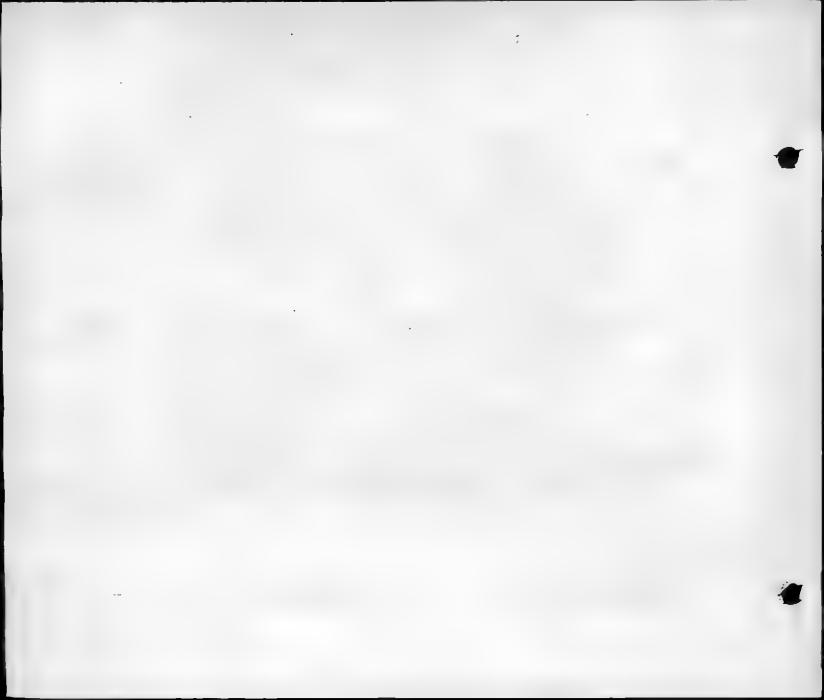
il director. Page led for your files. e Board of Hmalth, necessary, please

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04226

1		100									Reg. Dis	st, No.	
1.	PLACE OF DEATH	BALTIMORE		MAR	YEAND	o. STATE	DENCE (V			If institution	on: Resider		admiss on)
	b. CITY OR TOWN (II	euts de corporate l'en is, write	TURAL	c. LENGTH OF STAY		c. CITY OR	TOWN (II	outside co	rporete lim	its, write R	URAL ond	g ve neor	est town)
	Baltimor			1½yrs					rural				
_			f nat in l	naspital, give street addre	P3 %)	,d. STREET A			2 02 003	101	11. 9 14.16.1		. IS RESIDELY
						290)5 Se	cond	Ave			,	ON A FARM?
3	NAME OF	Fire		Middle		Lost	·-	4. DATE		Month		Day	Yeor
	(Type or print)	Antonia	٨		Horec			OF DEATH	1	April	L	8	19 60
5.	SEX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIE	A	A selection to		J.,	9. AGE	in years		YEAR IF	UNDER 24 HR
	female	white	WIDOV	VED THE DIVORCED		28 Apri	1 18	89	70	yrs.	Months D	Эфүз Н	ours Min
10	O USUAL OCCUPATIO	ON (Give kind of work of	lone 10b	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLA	CE (Slote	or foreign	country)		12 CIT Z	EN OF W	HAT COUNTR
	during most of workin	g life, even if retired)	a	t home		New.	Vork						
1	3. FATHER'S NAME			HOIRC	1	A. MOTHER'S A		MAME			<i>-</i>		-
		Krat	ochi	11		Don't	kno	IKT					
į	S. WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? [1	6. SOCIAL SECURITY NO	17. INFO		1110			Address	-		
1,	ye. no, as unknown)	(If yes, give war or dates of	ista;ce]		Jos	ephine	Stro	nsky(daugh	ter)s	ame		
7	118 CAUSE OF DEAT	TH Enter only one cou	se per lu	ne for (a), (b), and (c)]	-L	*			_	7	**	INTERVAL	AETWEEN
		H WAS CAUSED BY:		Atheroscle	motic	Candio	Wo o	aular	Dien	0.00		ONSET A	NO DEATH
	1100	IMMEDIATE CAUSE (0)		W pure Top CTe	TOUTE	Carare	Vas	C ULLCUI	ртзе	ಡಿತ್ರ		- un	det
	Total	OT SUG											
	gove rise to immed	fiate couse										-	
	(e), sloting the underlying DUE TO												
) (c)	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	PELATED TO	HE TERM	INAL DISEA	SE CONDIT	ION GIVE	NI INI PART	1(a) 10	WAS ATTORSY
2	7,41, 11, 51,11			the territory of the second		ACTIVICE TO	THE CAMPAC		SE COMP	1011 011 0	IX IIX 'AKI		PERFORMED?
212	20g FXTERNAL CAL	Diabete	4.4	RIBE HOW INJURY OCCU	IPPED (Ente	r poture of init	un Por	t I or Port	It of Itom 10) i		153	NO 3
一人にも 中に しょれつ ト	20g. EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH.	VIRIBUTING 🗆	0 0630	1000 119000 0000	KKED (SING	t notore of mp	ary in cor	11011011	i oi nen i	2)			
			ır (20-	INJURY OCCURRED	20e PLACE	OF INJURY (H	nena form	a lone in:	tu or town)		(Cour		(State)
ALENIEAR	Hour o.m.		w	hile Not while	factory	street, office	bldg., etc.	3	1) (1 10111)		1000		(2,010)
4.4		19		work ot work	6)	1 6 6							
	21. I certify th	al I toak charge	of the	e remains describe	d above	, held an	Autops	у Ц.	Inspectio	on DC I.	Inquiry	/ [30]	and in m
	opinian death.	resulted Fram: 1	Vatura	causes 😿 Acci	ident [, Suicide	<u> </u>	Hamicid	e 🔲, 🕦	Undeteri	mined m	lanner	
DATE SIGNED									ATE SIGNED				
SIGNATURE MD. CHIEF MEDICAL EXAMINER []													
	EXAMINER'S	/_/_		()				AL EXAMIN	-		4-8-	-60	
	NAME (Type)	John C Hyle	_			The state of the s	AEDICAL	EXAMINER					THE STATE OF
2	20- BURIAL, CREMATIO REMOVAL (Specify)	1		72c NAME OF CEME	TERY OR CR	EMATORY		339 TOC	ATION (CIT	y, tawn, or	county)		(State)
	removal	April 9/	60	Blanford	Cemete			-	ersbu	2			two .
2	3 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				D BY REGIS			RAR'S SIGI	-	
	Ullrich F	uneral Home	e 42	10 Belair Ro	ad		DATE	APR 1	1 '60	G.	They &	1 France	uA.

TO DEPUT SEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deference execute certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fashould be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retailed TELNERAL BIRECTOR: Tage 3 should be used to be unial-timust mermit. File mages 1 and 2 with the State is designated agent, prior to be a benefit or mandral, and in any event within 72 hours of an death. VS. ATSME SM 2/57



25b REGISTRAR'S SIGNATURE

. : Har & Knows

25g REC'D BY REGISTRAR

MPR 21 '60

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

rs after death. Page

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	4.63				
1.	PLACE OF DEATH COUNTY BALTIMORE	MARYLAND		rere deceased lived. If institution (LAND) b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	17	outside corporate limits, write RURA	AL and give nearest town)
0	RURAL and give negrest town)	6 MONTHS		MURE	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_	MASONIC HO	ME	13605 DL	ILLEY LAN	YES NO
	NAME OF DECEASED (Type or print) FLC/2/7	Middle 4	BER	4. DATE Month OF DEATH APRIL	1960.
5. 3	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
	FE W WIDOW		12-1-186	6 43 yrs	lanths Doys Hours Men
100	USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (State		12 CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	11 11 1	14. MOTHER'S MAIDEN N	<u></u>	
	EPANON MES	HULL	MARTI	- DAC 47	ARRER
	s, no, or unknown) [If yes, give war or dates of service)	SOCIAL SECURITY NO 17.1	NFORMANT	In the Address	Brannett Mal
<u></u>	77 C	1.5	- Property of	1 000	1
	18 CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c)]		1) 1 .	ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Mery - BC	heroter	Carlleo	
	422 DUE TO	Varentar	Diane	A.	2000
	gove rise to immediate	I come were			1002
	couse (a), stating the under-				· /
_	lying cause last. (c)				
ATTON	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	2000. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED (Enter nature of injury in I	Part I or Part II of item 1B)	
MEDICAL	Hour o m 19 White	Not while fo	ACE OF INJURY (Home, form ctory, street, affice bldg., etc		(County) (State)
Σ	p. m.			2	1 4
	21 1 certify that (1) (this haspital) attend	ded the deceased fram.	12:14 19.	57 to 4-12	, 19_6_C, that (i) (we) last
	saw the deceased aliye an4 - 1.	2 1960 , and that	death accurred al	M, fram the causes and	an the date stated above
	220 SIGNATURE Walter 7.	Kess	ATTENDING MI	ED STAFF RECTOR PHYS	4/9/LC SIGNED
	22c PHYSICIAN'S	/	22d ADDRESS		
	NAME (Type) WALTERT	KEES	(LEhr	ymil'4 ml	An An An
23c	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, or o	county) (State)
1	BURTYAL (Specify) 4-22-60	Laurel Hill	Cemetery	Columbia, Pe	nnsylvania

ADDRESS

Wil'iam Cook, Inc., 1217 St. Paul Street

VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2.007 CERTIFICATE OF DEATH

64228

	463	1 CERTIFICA	IL OI DEATH		(10.0()			
\	PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased live of STATE Maryland	ed. If institution, Residence b. COUNTY	before admission)			
/	b CITY OR TOWN (If outside corporate rimits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and giv	e nearest town)			
	Fort Howard	18 Days	Baltimore (29)	_X				
	d. NAME OF HOSP TAL (If not in haspital, give street OR INSTITUTION	address)	5423 Channing Road	1	e. IS RESIDENCE ON A FARM?			
9	Veterans Administration E	ospital	7423 CHAIMITING ROAD	•	YES NO			
	3 NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Day Year			
	(Type or print) ROLAND 5 SEX 6. COLOR OR RACE 7 MAR	A.	HYLAND DEATH	April	4 19 60 YEAR IF UNDER 24 HRS			
	5 SEX 6. COLOR OR RACE 7 MAR WIDOW	RIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH July 4, 1887		ays Hours Min			
	Salesman-retired	Anna	and the second s		N OF WHAT COUNTRY?			
		Insurance	Baltimore, Marylar	id U	. S. A.			
	William A. Hyland		14 MOTHER'S MAIDEN NAME					
		Mary Jane Hardy	Address					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.				W 72.			
			inical Records VAH, Ba	T TO TO TO ME TE	MOWATO DIV			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED 8Y:							
	IMMEDIATE CAUSE (o) BRONCHOPNEUMONTA TO DAYS							
	Conditions, if any, which) (b) CEREBRAL INFARCTION							
	gove rise to immediate		UNKNOWN					
1	couse (o), stating the under: DUE TO ARTERIOSCIEROSIS WITH ENCEPHALOMALACIA							
	7 (4)							
	Operation 2/18/60 University Hospital, Balto.Md. Trephine							
	OR CONTRIBUTING CAUSE OF DEATH USE EITHER, NOTIFY MEDICAL EXAMINERS							
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) Hour o m, While Not while of work of w							
		rk at work						
	21 I certify that (1) (this haspital) attended	ded the deceased fram	March 17 160 to Ar	ril_4 60_	., that (If (we) last			
	saw the deceased alive an	19 , and that a	leath accurred of 0:35, Poin the	causes and an the	date stated abave. 226 DATE			
	Carland Color	27-169-	M.D. PHYS DIRECTOR D	STAFF	SIGNED			
)	22c PHYSICIAN'S	7	M.D. PHYS DIRECTOR D	PHYS 🔼	4/5/00			
	CARIDAD E. GONZALEZ, M.	0.	VAH, BALTIMORE 18	MD, FT. HOWARD	DIVISION			
	23g. BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d LOCATION	N (City, town, or county)	(State)			
	Burial 4-8-60	Baltimore Na	cional Cemetery Ba	ltimore	Maryland			
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAI		ATUKE -			
-	Wm. Cook-Blight 6009 Har	ford Rd.,Balto	.14,Md. 1498 1 1 '60	anthur S. Know	/m			

may be transcribed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs affer death. TO HOSP

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A15 (4) 15M 9/59

rs ofter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

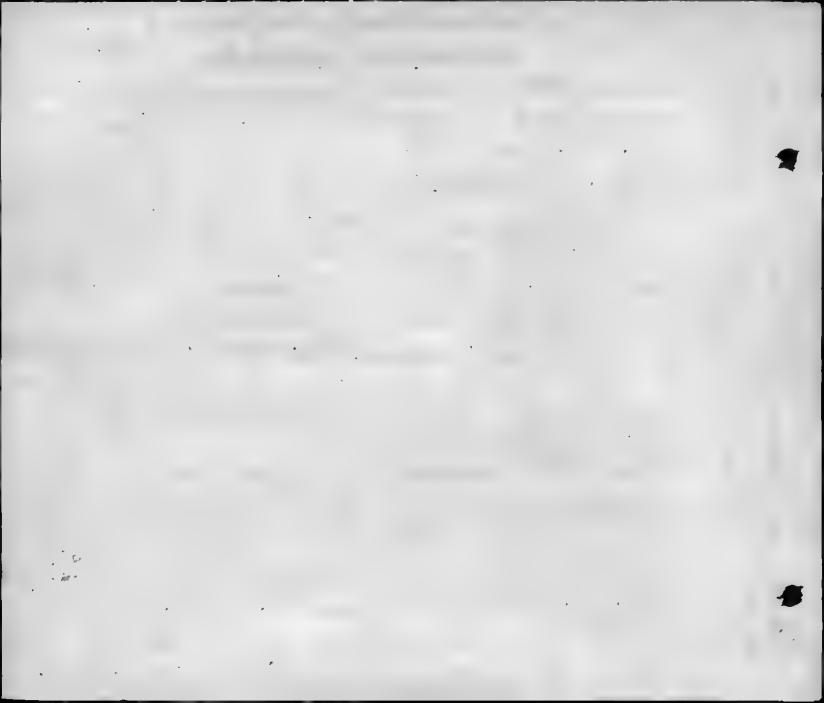
2. USUAL RESIDENCE (HOME) OF DECEASED

4292

1. PLACE OF DEATH

04229 Reg. Dist. No.

		λ./	1 45 5	1 011 00
	ARYLAND	STATE	COUNTY BE	to, LILY
	GTH OF STAY	CITY (If outside corpo OR	rate limits, write RURAL and give near	est town)
TOWN Mt. Wilson, Maryland	19 WRO	TOWN 3	27timore	18 37.1.4
HOSPITÁL OR INSTITUTION OR		STREET ADDRESS	(If rurel give focation)	1 .
STREET ADDRESS Mt. Wilson State Hospi	ital	ADDRESS 26	43 Mary 1	Ind AVA
3. NAME OF (First) (Middle)		(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) Vincent Lee	o Ia	nneo	DEATH 4	17 1060
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF	BIRTH .	9. AGE last birthday IF UNDER	YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED, (Spacify) \$110	re 4/1	6/1889	7/ yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working file, even if OR INDUST		II. BIRTHPLACE (State or forei	gn country) 12.	
retired TAITOR Clot		Md		COUNTRY! SA.
13. FATHER'S NAME	C C	14. MOTHER'S MAIDEN I	NAME, .	
John Lannen		Rose	Liberski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO.	17. INFORMANT & A	ADDRESS	
(Yas, no) or unk.) (If Yes, give wer or detes of service)	D9-84	/2 11 Pass	nde Mit Miller C	Andre Warnishan
100	MEDICAL CER	Mosp. Reco.	rds, Mt. Wilson S	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	TO T		ONSET AND DEATH
IMMEDIATE CAUSE (A)	nphose	rcoma		6 month
ANTECEDENT CAUSE(S) DUE TO	./			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ratelyt	Advanced Pu	Imphary T	4 Wears
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE			J 1	20. AUTOPSY?
002X				YES NO
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bit (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory, 21 dg., etc.)	Ic. WHERE DID INJURY OCCUP	(Count	y) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY		TH. HOW DID INJURY OCCU	R?	
M. While at work	Not while et work			
22. I hereby certify that I attended the deceased fr				
alive on 19.60, and that	death occurred at.			above.
SIGNATURE			RESS (Street, city, town, state)	DATE SIGNED
William Newcomer ////////			Mt. Wilson, Maryl	
REMOVAL (SPECIFY)	ME OF CEMETERY OR		LOCATION (City, town, or county)	(Stata)
Burial April 20/60 H	oly Rede	emer	4430 Belair	Rd .
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR'S		ADDRESS
DATE APR 20'60 Cirling S. Krays		Anouth his	harrow 322 S.	High St.



4293 **CERTIFICATE OF DEATH**

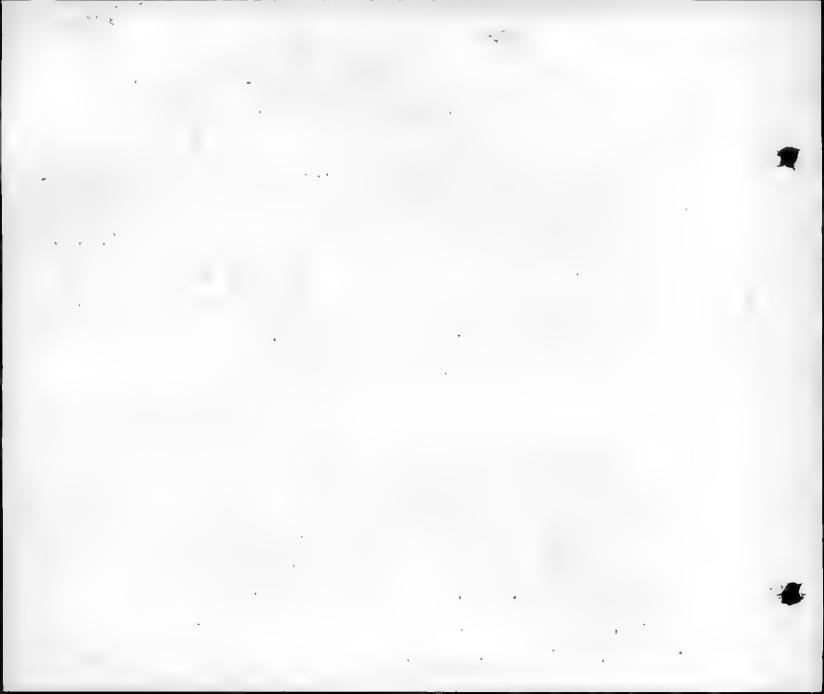
04230 Reg. Dist. No.

/	1, 8	LACE OF DEATH					2. USUAL RESID	ENCE (WI	iere decease			ın: Resider	ce befa	re admiss	iian)
			Balt imore		MARYLA	ND	o. SIAIC	Mary	land	b. C	YTAUC	St. I	ary	13	
4	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)			16	c. CITY OR TO	OWN (If a	utside corp	orate limits,	write RI	JRAL and	give nec	rest town	1)		
	Caton sville hlyromth 22 dys		dys	Le	on ard	ltown				13	1	34			
1	(J. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street o	address)		d. STREET AL	DDRESS						e. IS RES	FARM?
			GROVE STATE	E HO	SPITAL										NO 🗌
	3 [NAME OF DECEASED	Fir		Middle		Last		4. DATE OF		Mont		Da	у	Yeor
	(Type or print)	Jos	seph			Jen	kins	DEATH		Ap	ril	22		1960
	5. 5	EX	1	7. MARRI	IED NEVER MARRIED	□ 8	DATE OF BIRTH			9. AGE (last bir	years hday)	Months	1 YEAR Doys	IF UNDI	ER 24 HRS Min.
	Γ	ral e	white	WIDOWE	D DIVORCED		Feb. 4	, 188	37	73	yrs.	MORINS	Days	naurs	Willi,
	10a	USJAL OCCUPATE	ON (Give kind of work a rking life, even if retired	dane 10b. I	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (State	ar fareign t	country)		12.CIT	ZEN OF	WHAT	OUNTRY
	trucker					M	aryla	nd				U.	S. A	La	
	13.	FATHER'S NAME					14. MOTHER'S								
		Willia	am J. Jenki	ns				Rach	el Wh	eatle	y				
	IS.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S		INF	ORMANT				Addr				
/		unknown			Unknown	R	ecords:	SPF	RING	GROVE	SI	ATE	HOS	PITA	L
		18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (a), (b), and (c).]								INTE	RVAL BE	TWEEN
		PART I. DE	ATH WAS CAUSED BY- IMMEDIATE CAUSE (d)	Arterioscle	rot	ic card	Lovas	cular	disea	Se			CI ZIND	DEMIN
A de	DUE TO														
Y		Conditions, if)	Generalized	l ar	teriosc.	Leros	is						
7		gave rise to cause (a), stating	immediate DUSTO												
-		lying cause last. (c)													
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?														
	CAT														NO K
7	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
	MEDICAL	20c TIME OF INJU Hour a.m.	RY Manth, Day, Yes	20d. IN	JURY OCCURRED 20		E OF INJURY (F ry, street, affice			y or tawn)		(County)		(State
	ME	р. т.	19	at wark					1						
		21. I certify t	hat I attended the	decease	ed fram April	5	, 1960	, to A	pril	22	960	that I la	ast sav	v the c	lecease
		alive an Ap	ril 22	., 19	60 , and that d	eath c	ccurred at	5:45a	M, from	the cou	es an	d an th	e date	stated	d abave
			A							itreet, city o					TE SIGNEI
		ACTUAL SIGNATURE	to serve	4	we by	M.	D. JPRI	NG a	ROVE	STATE	HC	SPIT.	AL	4-2	2-60
		PHYSICIAN'S -			,										
		NAME (Type)	Isadore Tue:	k, M	. D.		Cato	ns yi]	Lle 28	Mar	ylar	ıd			
	220	BUR AL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC)F	22c. NAME OF CEMETE	RY OR	GREMATORY		23ª LOC/	TION (City.	town, c	r county)		(Stat	en
		TEXULAX	4/20/	60	so you	GER	R		Mor	yan	ra			mi	J/.
	23.	FUNERAL DIRECTOR	E'S SIGNATURE	4	ADDRESE			24a, REC'	D BY REGIS			TRAR'S SI			
	11	1 Karp	maringlen	25 rde	markere	nos	ma.	DATE A	PR 27	'60	α	rthun _	1. 7hu	LUL &	

rs ofter death. Page 4 may be Faned by the haspital ar attending physician.

TO FUMERAL DIRICTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within Thous after death. ATTINDING FIFYS IAN: The law requires that the Leath certificate be executed within 24

VS A1S (4) 1SM 9/98

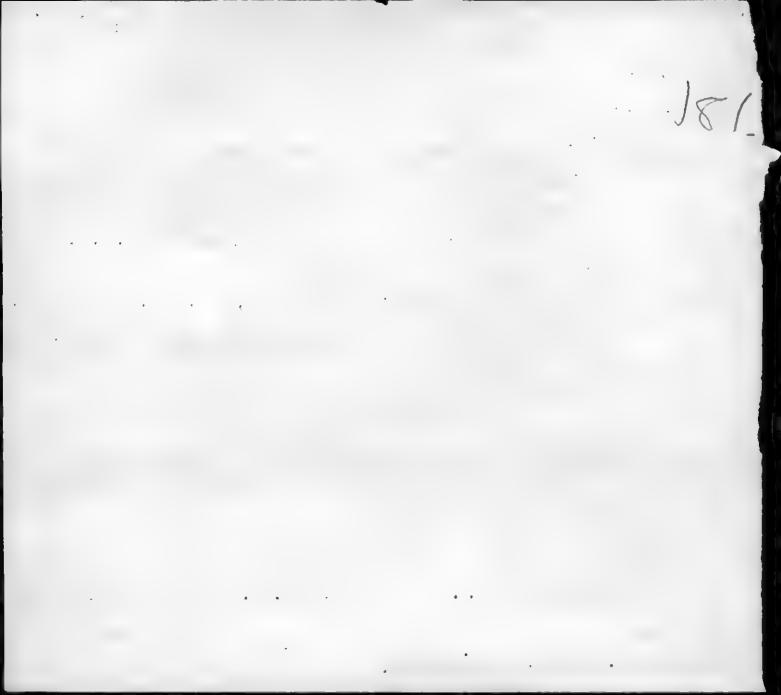


131 h	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1. %	4254 CERTIFICATE OF DEATH Reg. Dist. No.
Page 4	1. PLACE OF DEATH o. COUNTY BALTIMOR & MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY BALTIMORA MARYLAND
funeral uld be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROBERS FORGE SYITE C. LENGTH OF STAY IN 16 COCERS FORGE
offe offe	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTE OF MURDOCK Rd (2) e. IS RESIDENCE ON A FARM? YES NO THE
Filled for	3 NAME OF DECEASED (Type or print) RUTH MARIE JOHNSON GEATH ARMIN 25 1960
completely oppers flo	5. SEX 6. COLOR OR RACE 7. MARRIED PIEVER MARRIED B. DATE OF BIRTH FRANCE WIDOWED DIVORCED 8-14-1892 9. AGE (In years IF UNDER 1 YEAP IF UNDER 24 HRS Instruments Instr
8 2 5 6	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) HOUSE. WIFE WATTIAND 12 CITIZEN OF WHAT COUNTRY? WATTIAND U. S.A.
icate be sician a ve carbo urs after	WILLIAM WISEMAN CATHERS MAIDEN NAME CATHERS MAIDEN NAME CATHERS MAIDEN NAME CATHERS MAIDEN NAME
h certifi ling phy se remo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO I IF yes, give wor or dates of service) NONE NONE NONE Address Address Address
luires that the deat gned by the attend permit. Them plea in any event within	18. CAUSE OF DEATH [Enter only one couse per line for to]. (b), and (c).] PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), storing the under- DUE TO
physician physician os been s ial-transit oval, and	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPARTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO II
tending ficate h the bur the bur	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DISCRIBE HOW INJURY OCCURRED. (Enter noture of injuly in Part I or Part II of Item 18.)
PHYSIC rol or of this cert in use os remotion	20c. TIME OF INJURY Month, Day. Year Not while of work
END:NG he haspi R: After oched fo burial, a	21. I certify that I attended the deceased fram. D-16, 1955, to 4-25, 1950 that I last saw the deceased olive on 4-25, 1960, and that death occurred of 11 A-M, fram the causes and an the date stated above
PR ATT Ped by HIRECTO dispersed original to the details or the prior to the prior t	ACTUAL SIGNATURE—Tacureure Philippe Ad. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE—Tacureure Philippe Ad.
SPITAL De rERAL D 3 should	PHYSICIAN'S Lawrence J. Stimonek MD
TO HOSP may be TO FUNE page 3 the regi	220. BURIAL CREMATION. REMOVAL (Specify) ROYAL A 220. NAME OF CEMETERY OR CREMATORY PARKY 11 = (BALTOCO) ADDRESS A
YS A15 (4) 15M 10/57	23. EVNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4295 CERTIFICATE OF DEATH

04232

1000 CENTIFICATE OF DEATH							
Baitimore		MARYLAND	2. USUAL RESIDENCE (V g. STATE Maryland	Where deceased lived if institution b COUNTY	an: Residence befare admission)		
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Fort Howard		c LENGTH OF STAY IN 1b	Baltimore	f autside carporate limits, write R	URAL and give nearest town)		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give:	street oddress)	d. STREET ADDRESS	TT237 4	e. IS RESIDENCE ON A FARM? YES NO K		
			425 Druid	Hill Avenue	IE3 [] NO K		
3. NAME OF DECEASED (Type or print)	WILLTAM .	Middle	JOHNSON	4. DATE Mont	h Day Year 5 1960		
5. SEX		MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS		
Male	0010144	DOWED DIVORCED	January 23,		Manths Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Porter		106. KIND OF BUSINESS OR INDI		e or foreign country)	U. S. A.		
13. FATHER'S NAME		Tavelli	14. MOTHER'S MAIDEN		0. 0. A.		
	Hodge		Madaleine				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		a) la	NFORMANT	Addr	ess Md.Fort Howard Di		
gave rise to cause (a), stating tying cause last. Part II OT	the under- DUE TO	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES (XIX NO		
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
ZOc. TIME OF INJU	10	20d. INJURY OCCURRED 26e. P While Nat while at wark at work	LACE OF INJURY (Home, fa octary, street, office bldg., e	rm, 20f. (City or tawn)	(Caunty) (State		
21. I certify that/() (this hospite) attended the deceased from December 18, 159, (April 5, 1960, that () (we) last saw the deceased alive on April 5, 1960, and that death accurred at the from the causes and an the date stated above.							
220 SIGNATURE	Proto Kes	h King	M D ATTENDING PHYS	MED. STAFF	22b. DATE SIGNE		
22c PHYSICIAN'S NAME (Type)	Moses Lichti	lg, M.D.	VAH, Balto	. Md. Fort Howa	rd Division 1/6/6		
23a, BURIAL CREMATIC REMOVAL (Specify Burial	ON, 236, DATE THEREOF	Baltimore N		23d LOCATION (City town, or Baltimore			
24, FUNERAL DIRECTOR	'S SIGNATURE	808 N. Monroe St	25a. RE		TRAR'S SIGNATURE		
rlington S	. Philling .		DATE	APR 1 2 '60	71 0 4		



A15C 1-55 1DM >

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INSTRUCTIONS

After this

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4296 CERTIFICATE OF DEATH

04233

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Baltimore County MARYLANE	state Maryland county Ci	ty *					
CITY (If outside corporete limits, write RURAL LENGTH OF STA	0.5	f fown)					
TOWN Mt. Wilson, Maryland (In this place)	TOWN Baltimore 17,	- 1 4					
HOSPITAL OR	STREET (If rural give location)	- , ,					
STREET ADDRESS Mt. Wilson State Hospital	ADDRESS 714 No Payson St.						
3. NAME OF (First) (Middla) DECEASED	(Last) 4. DATE (Month)	Dey) (Year)					
(Type or Print) Elizabeth M. Jone	s noe Death April	2 1960					
- DAGE SHOOTHER BROOKEN	DATE OF BIRTH 9, AGE lest birthday IF UNDER 1						
fomale Colored (Specify)married	2/12/1917 43 yrs.	Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even # OR INDUSTRY		CITIZEN OF WHAT					
retired) Housewille	Richmond Va.	. S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
George Brown	Pearl Wyatt						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS						
(Yas, Mor unk.) (If Yas, give wer or dates of service) 219-10-607	Hospital Records, Mt. Wilson	St Hogn					
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN					
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH					
MAMEDIATE CAUSE (A) Pulmonary	Tuberculosis	l year					
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE Laft phous	monectorly						
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?					
	aberculosis	YES NO					
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County	(Steta)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED							
M. at work all work							
22. I hereby certify that I attended the deceased from	14/60 19 to 4/1/60 19 that I le	ist saw the deceased					
alive on $4/1/60$ 19 and that death occur	urred at 11:05 AM, from the causes and on the date stated	above					
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED					
William Newcomer A / Win Thus	Lo. Superintendent, Mt. Wilson, Maryl	and					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or county)	(Stete)					
Burial 4/5/60 Mt Calv	vary Cemetery Ann Arundel Coun	ty Md.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		DORESS					
DATE ADR 4 '60 Cirthy of Knus	A. Halstead 918 Druid H	ill Ave.					



TITE DING PHYSICIAN: The low requires that the Tath certificate be executed within 244

TO HOSP!

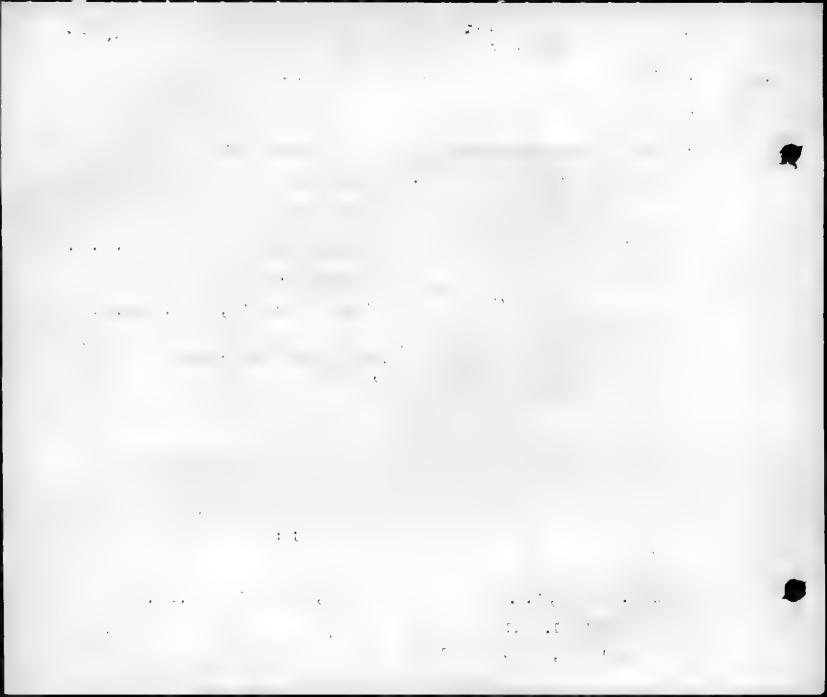
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do

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4297 CERTIFICATE OF DEATH

04254

Ballimore			MARYL	AND	2 USUAL RESIDENCE (W STATE New Jersey		ed lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN (RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If	outside corp	orote limits, write l	RURAL and g	ive nearest to	mu)
Fort Howar	Fort Howard 29 Days		Hightstown	ı			C?X	23		
d. NAME OF HOSPI'	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS F	RESIDENCE
	dministrati	on H	ospital		171 Stockt	on Sta	reet			□ NO K
3. NAME OF	Fir		Middle		Lost	4. DATE	Mod	nih	Day	Yeor
(Type or print)	JAMES	5	W.		JONES	DEATH	Apr	il	26	1960
5. SEX	6 COLOR OR RACE	7. MARR	RIED KNEVER MARRIED		. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UN	
Male	White	WIDOWI	ED DIVORCED		October 24,	1879	80 yrs.		Days Hou	rs Min.
duting most of war	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign o	country)	12.CITIZ	EN OF WHA	TCOUNTRY
Laborer -	Retired	•			Illinois			U.	S. A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Lewis Jone	S				Laura Jon	es				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INI	ORMANT		Add	Iress	Divi	sion
Yes	10/12/00 6/	11/0	4)	Cl	inical Recor	ds.VAH	. Balto.	18.Ma.		
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]						INTERVAL ONSET AN	BETWEEN
PART I. DEA	TH WAS CAUSED BY	PUI	LMONARY EDEI	MA					RECEI	
	DUE TO		PERTENSIVE (CARD	IOVASCULAR R	ENAT. I	DISEASE		UNKNO	
Conditions, if a	ny, which } (b		ERIOSCLERO:				20-120-		UNKNO	
gove rise to i	mmediate (г								2.17
lying couse lost.	(c	PU	LMONARY EMP	HYSE	MA				UNKN	NWC
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION G	VEN IN PART	PER	S AUTOPSY FORMED?
PART II. OTI	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Fort I or Po	rt II of item 18.)			
20c, TIME OF INJUI Hour o. m p.m.	Y Month, Day, Ye	While	NJURY OCCURRED 2 k of work		CE OF INJURY (Home, for ory, street, office bldg., etc.		y or town)	(C	ounty)	(Stote)
21 I certify the	at (V (this haspital) attend	led the deceased f	ram .	March 28 19	60 to	April 26	1960)_, that (V	(we) last
saw the decea	sed alive an Apr	11 2	6 19 60, and 1	hat de	eath accurred 12:	30 from	the causes ar	nd an the	date state	ed abave.
220 SIGNATURE	06)								225 DATE
John	19. 11	216	unt	N	D. PHYS.	RECTOR	STAFF PHYS.			1/26/6
726 PHYSICIAN'S NAME (Type)					22d. ADDRESS					
JOHN D.	TALBERT, M.	D			VAH, BALT	IMORE	18,MD.,F	T. HOWA	RD. DI	ISION
23o. BURIAL, CREMATIC	A 16	_	23c. NAME OF CEMET	TERY OR			TION (City, town,			tote)
Removal Bu	rial Apl. 2	9,196	Ocedar Hil	l Ce	metery	High	itstown.	New Je	rsev	
John Burns	S SIGNATURE Sons, To	wsen,	Maryland		2So. REC	P 2 8 'E	TRAD OC BECH	STRAR'S SIG	NATURE	
-										



or removal.

VS. A15ME(S) 5M 9/55

cromation,	,
burial,	
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prior	
registrar	
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CI	
TO	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4225

Per	Dist.	44	255	
Keg.	UIM.	No.		

PLACE OF DEATH e. COUNTY Bal timore	MARYLAND	USUAL RESIDENCE (W			timore	
b. CITY OR TOWN (If evived carporate finits, write RULAL ond give recreat form) Lansdowne	OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5/ Lansdowne				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	et oddress)	d. STREET ADDRESS		·	e, IS RESIDENCE	
2915 Tarret 1 Form Pd.		SUL Lamine	od Permy	Pd.	YES NO	
DECEASED	Aiddle > (^T Oyr	tosi	4. DATE OF DEATH	Month nil on	Doy Year	
	VORCED [ATE OF BIRTH		444	YEAR IF UNDER 24 HRS. Days Hours Min.	
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retized)	oness OR INDUSTRY	11. BIRTHPLACE (Stote of			EN OF WHAT COUNTRY?	
13. FATHER'S NAME	14	Ruth Hor				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) [If yes, give wor or dates of service]	RITY NO. 17. INFO		• 2913 Ham	Address monds Fe	rry R.	
Conditions, if ony, which gove rise to immediate cause (o), stoling the underlying couse lost.		related to the termin			ONSET AND DEATH I(o) 19 WAS AUTOPSY PERFORMED? ' YES NO FT	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH.	Y OCCURRED. (Enter	noture of injury in Port	or Part It of item 18	l.)		
20c. TIME OF INJURY Month, Day, Year 20d. INSURY OCCUI	ile factory,	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(Cour	nty) (State)	
21. I certify that I took charge of the remains de death resulted from: Natural causes , Accide					and find that	
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER						
EXAMINER'S NAME (Type) 700 S. N. A. Of or H.D.	,	DEPUTY MEDICAL EX	KAMINER 12		30,1060	
	F CEMETERY OR CRE	Mem. Pk.	22d. LOCATION (City Howard	Cto., M	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWard H. Hubbard 4107 Wilk	ens Ave		BY REGISTRAR 24	b. REGISTRAR'S SIGI	S. King	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4298 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY a. STATE b. COUNTY ALTIMORE MARYLAND RALTIMORE funeral CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest tawn) ALTIMORE NAME OF HOSPITAL (IF not in hospital, give street address) the e IS RESIDENCE OR INSTITUTION ON A FARM? ILADELPHIA RO 000 YES NO P NAME OF 4. DATE Middle Year filled DECEASED OF DEATH (Type or print) 1960 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days DIVORCED | WIDOWED IT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OME OUSEWIFE 13. FATHER'S NAME physician remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? **INFORMAN** attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUL DUE TO Canditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Day, 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while at work at work p. m 1960 that I last saw the deceased 21. I certify that I attended the deceased from alive an_ and that death accurred at L _M, from the causes and an the date stated above. DIRECTOR ADDRESS (Street city or flyn, ktote) ACTUAL SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) 22c NAME OF CEMETERY OR CREMATORY (22d. LOCATION (City, lawn, or county) 22b DATE THEREOF 22a BUR AL CREMATION. (Stote) page REMOVAL (Specify) 2 EMORIAL 0 24b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE? **ADDRESS** 24a. REC'D BY REGISTRAR VS A15 (4) coming & Thomas 15M 9/58



KAIN

ELIZABETH

2. DATE OF DEATH

April 18, 1960

(If ruro), give location)

If Under 1 Year

Days

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

USA

Months

If Under 24 New

Hours

Min

3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4 USUAL RESIDENCE (Where deceased I ved. If institution residence before admission) n. COUNTY ANOT IN HOSPITAL OR INSTITUTION GIVE STREET Maryland FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore Mercy Villa Nursing Home D. STREET ADDRESS 3920 Maine Avenue 6 COLOR OR RACE S. SEX SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) lost birthday) INFORMATION SHOULD BE CAREFULLY SUPPLIED. White March 30, 188 Female Widowed 79 vears LEGIBLY 10.4 USUAL OCCUPATION (G ve kind of work done during most of working life, even 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) if retired1 At home Emmittsburg, Maryland Seamstress 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME AND Henry Hod Had Lingg White Virginia Rider LS. Was Deceased Ever in U.S. Armed Forces? 16. SOCIAL 17. INFORMANT (If yes, give wor or dates of service) A PERMANENT RECORD. Nes, no or unknownii SECURITY NO. No Frank Joseph Kain, Jr. - 3925 Beech Ave. 212-20 -5003 7 18. CAUSE OF DEATH DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) DUE TO Q L **ANTECEDENT CAUSES** CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NOIL 里 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING betus ulcus TO THE DEATH BUT NOT RELATED VRITE OF DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO 19A DATE OF OPERATION 98. CONDITION FOR WHICH OPERATION CAUSE OF DEATH ENTER IN WORK -- 1 AT WUKK IIII certify that (1) (this hospital) attended the deceased from a that (I) (we) last saw the deceased alive on and that in (pay) (our) opinion death occurred at Mm. from the couses and on 23A, SIGNATURE

STAFF PHYS.

25s. NAME OF REGISTRAR

Brokling S. Through

BLANCHE

1. NAME OF DECEASED

ATTENDING BAYS ID

25A, DATE REC'D BY HEALTH DEPT.

24A, BURFAL, CREMATION, REMOVAL (Specify)

Burial

MED DIRECTOR []

4/21/60

24s, DATE

(Type or Print)

20. AUTOPSY? NO We date stated above 238 ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City town or county) New Cathedral Cemetery Baltimor Maryland Ellsworth Armacost-4600 Liberty Hights, Ave

41 -1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 4300 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Baltimore h COUNTY MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. JENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL ond give nearest town)
Catonsville Davs Hampstead R F D #2 d. NAME OF HOSPITAL (If not in hospital, give street, oddress) or INSTITUTION Caton Ridge Nursing Home Herlem Lane Near Edmondson Ave d. STREET ADDRESS NAME OF Middle 4 DATE Month DECEASED Allen April (Type or print) Kelbaugh DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS White Feb 29, 1895 Mala WIDOWED T DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) Farmer Farm Hampstead. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Kelbaugh Emma KXXX Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Kenneth S. Carmody.513 Munsey Bldg 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gave tise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20s. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Hour a. fi. foctory, street, office bldg., etc.) While Not while at wark at work p. m. 21. I certify that I attended the deceased from March 25, 19 (9 10 19 4 4thot I last saw the deceased and that death occurred at 9.2M, from the causes and on the date stated above. olive on MINNDSON SIGNATURE ā PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OF CREMATORY

ADDRESS

Foreston Church Cem

1902 Eutaw Placedate APR 28'60

22b. DATE THEREOS

4-28-60

220. BURIAL CREMATION.

Burial 23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Carroll

Day

12 CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES INO IT

> > (Stole)

23

USA

e. IS RESIDENCE ON A FARM? YES IN NO

60

Y MA	4/4	1/4
Maryland	(State)	

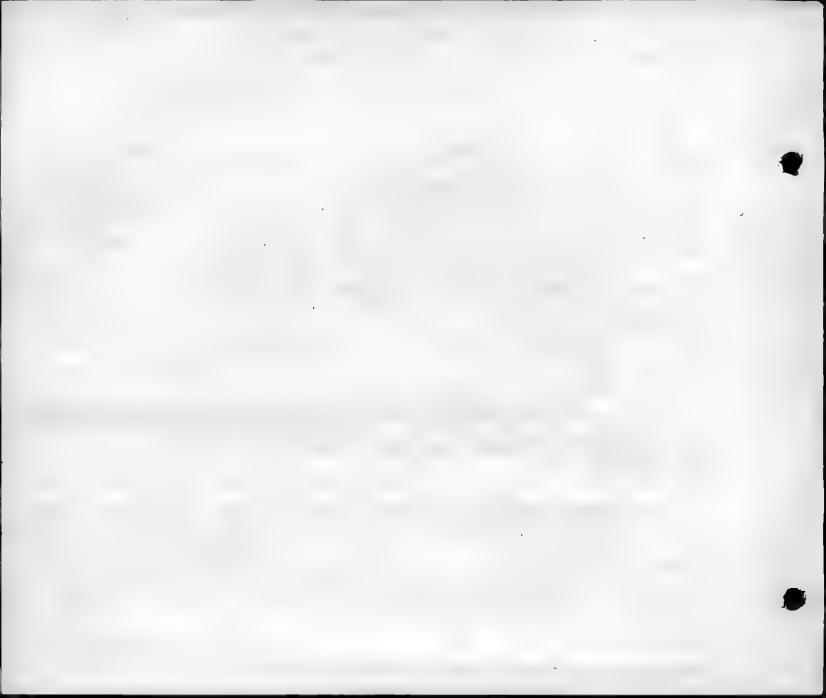
(County)

245. REGISTRAR'S SIGNATURE

22d. LOCATION (City, low

Foreston.

24a, REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04209 4301 CERTIFICATE OF DEATH Rea. Dist. No. l director, filed with death! Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give negrest lown) Should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRES IS RESIDENCE OR INSTITUTION ON A FARM? 200 YES A NO NAME OF First Middle 4. DATE Yeor DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) TE UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH Months Days Hours Min WIDOWED TT DIVORCED [7] YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY? ofter death. during mest of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician o 8 гетауе hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) attending p 2 within / CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᄒ PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO þ Conditions, if any, which Bued gave rise to immediate DUE TO 흲 couse (a), stating the underlying cause last. (c) peen : PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161/19, WAS AUTOPSY PERFORMED? Priot. YES T NO D 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port II or Port II of item III.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d. INJURY OCCURRED (County) (Stote) Haur a. ft. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased fram that I last saw the deceased detoched burial, and that death occurred at 150% alive on M, fram the causes and an the date stated above. ADDRESS (Street, city or lown, state) 2 DIRECT ACTUAL plnoys PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY TO FUNE 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOGATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRES** 24b. REGISTRAR'S SIGNATURE 240/ REC'D BY REGISTRAR 2 Outling & Therit DATE

420.8

MARYLAND STATE DEPARTMENT OF HEALTH . DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	430	2	CERTIFICA	TE OF DEATH		1,42	40
1. PLACE OF DEATH O COUNTY Baltimore			MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		institution: Resident OUNTY	ce before admission)
b. CITY OR TOWN (I RURAL ond give no	f outside corporate tim	íts, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If	outside corporate limits,	write RURAL and (give nearest town)
Fort Howard			10 Days	Baltimore		300	01-4
d. NAME OF HOSPIT	AL (If not in hospitol, g	give street		d STREET ADDRESS			e IS RESIDEN
Veterans Ad	ministrati	on Ho	spital	4301 Valley	View Avenu	e (6)	YES NO
3. NAME OF	Fi	rsl	Middle	Last	4. DATE OF	Month	Day Yeor
(Type or print)	ALBER	T	R.	KUEHL		pril	17 19
S SEX	6. COLOR OR RACE	7 MARR	IED THE NEVER MARRIED	B DATE OF BIRTH	9 AGE (I	years IF UNDER	1 YEAR IF JNDER 24
Male	White	WIDOWE	D DIVORCED	September 14	.1898 61	yrs Months	Days Hours A
10a USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI		or foreign country)	12.CITI	ZEN OF WHAT COUN
Electrician	ing life, even if retired		H.S. Civil	Serv. Freepor	t. Illinois	II	S. A.
13. FATHER'S NAME	**********	G 0 F 01.	VIVE VALUE	14. MOTHER'S MAIDEN			He-fle
Herman Kueh	n			Ernestine (liece		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	NFORMANT	71080	Address	
Yes, no. or unknown)	(If yes, give wor or deles of) WW I	service)	2-03-567/0	linical Record	S. VAR Ralt	0.18 Md	Ft Howard
	-	ouse per lie	ne for (a), (b), and (c).	THITCOIL NO COLU	AND AMILEDIAL O	O.TO,PAC.	INTERVAL SETWE
	-						ONSET AND DEA
11/21.	1		CHOPNEUMONTA				2 DAYS
49/	DUE TO)					
Conditions, if o	mmediate)					
couse (a), stating	PULL TO)					
lying couse lost.) (e						7.1/ 1/10 11:45 4 17/
5 Multiple	Thrombosis Decubitus	.mult Ulcer	CONTRIBUTING TO DEATH BUILD IDLE WITH DILLS - Duration I	ateral hemipa: Unknown.	resis - Dur	ation Unk	T I(o) 19 WAS AUTO PERFORME YES NO
ZOC. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. II While at wor	Not while fi	LACE OF INJURY (Home, forroctory, street, office bldg., et		(<	County) (
	t NO /this hasnita	I) attend	led the deceased fram	April 1	60, to April	77 .10 6	50 that 60 (we)
'	sed alive anApr			death accurred at A			
22g SIGNATURE	A-			deant decorred at _AT	Ans, It can the con	ses una un me	22b. DA
(Grissia	Carl E	9	meeles	M.D PHYS	AED. STAFF	7 1	14/7 T
22c. PHYSICIAN'S	2 - 2	1	0 4	22d ADDRESS	THIS,	Eb.J	
CARIDAD E	. GONZALEZ	. M.D		VAH.BALTO.	8.мо. ет.н	OWARD DIV	TSION
230 BURIAL CREMATIO		-	23c NAME OF CEMETERY		23d LOCATION (City		(Stote)
BUTIAL	4/11/	60	Parkwood Cer		Baltimore		Maryl

Parkwood Cemetery

arford Road, Balto.14

250 REC'D BY REGISTRAR APR 1 3 60

DATE

Md.

256 REGISTRAR'S SIGNATURE Chilly S. Thans

AODRESS

OR ATTENDING ENYSICIAN: The law impuires that the lleath certificate be executed within 2 may be rained by the hospital or altending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion page 3 should be detached for use as the burial-transit permit. Then please remove cortine State Board of Health prior to burial, cremation, or removal, and in any event, within TO HOS

rs after death. Page 4

and completely filled in by the funeral director, yon popels. Pages 1 and 2 should be filed with

72 paurs ofter death.

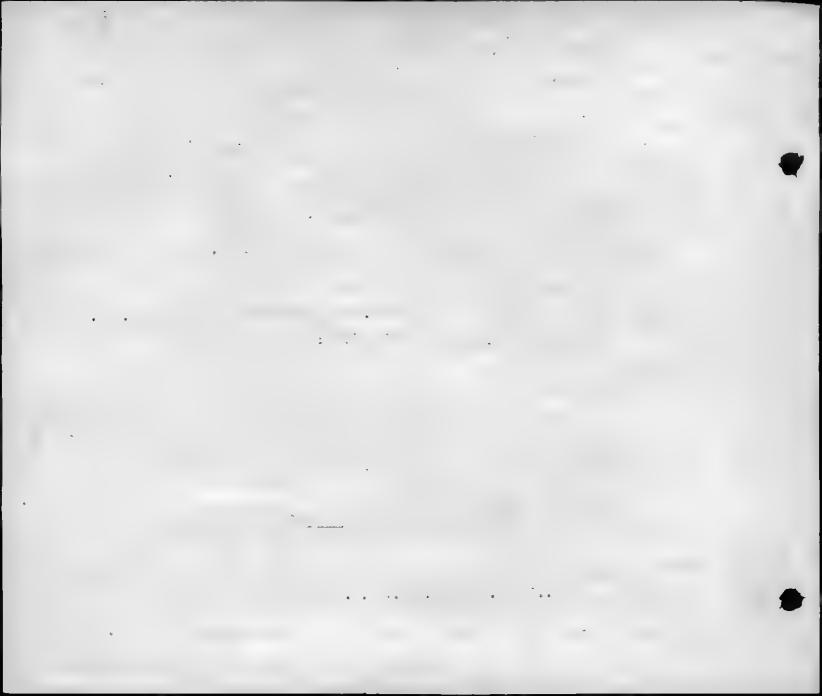
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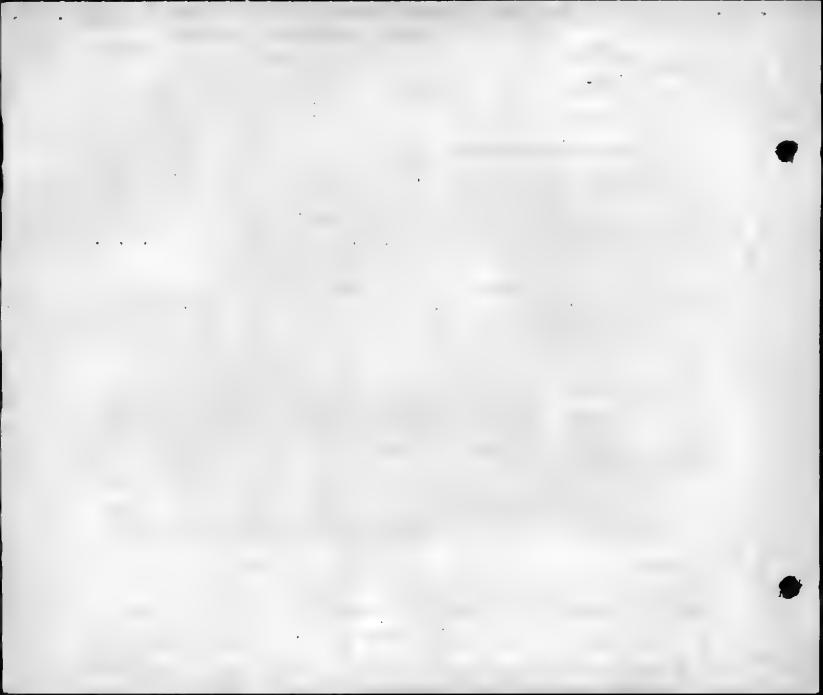
LeonardRuck

1 16:	te	ms 20&21 Film 263 MARYLAND STATE	DEPARTMENT OF HEALTH DS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		4303 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH 04241
HEALTH DEPT.	1,	PLACE OF BEATH	2. USUAL RESIDENCE (Where dacassad livad, if institution: Residence before admission
Page.		Baltimore Marylan	Maryland b, COUNTY Baltimore
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	
delay is necessary, delay is necessary a funeral director. Page lained for your files. State Board of Health, eath.			Posswille
ay is and did for for Soar		d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) 9223 Philadelphia Road	d. STREET ADDRESS TO A FARM
ifth. If Adelay is to the funeral constrained from the State Board after death.		F A. VA AA	9223 Philadelphia Road YES NOW
the fundament of the State	3.	NAME OF First Middle DECEASED (Type or print) HENRY	Last 4. DATE Month Day Year OF DEATH APPLI 15 160
3 to t 3 to t be iff th	5	(Type or print) HENRY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	KHEHNE DEATH APPIL 15 100
	"	Moles Libert to an	last birthdey) Months Dave House Min
4 ×10 × m	104	B. USJAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDI	June 3, 1903 56 yrs. JSTRY 11. BIRTHPLACE (Store or fore go country) 112, CITIZEN OF WHAT COUNTRY
sst. 28		and during most of working life, even if ratired)	
24 hours e Pages 1, 2M3, Pag pages 1 a within 77	13.	Carpenter Construction	Baltimore, Md. USA
11 5 1	1	Robert Kuehne	Mary Hax
- EW-T + 9	15. (Y.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15 as no, or unknown) (Ifyesgive war or detes of sarvice)	7. INFORMANT Address
		No M	rs. Ethel Whitlock 9223 Philas Rd RIVERVAL BETWEEN
D - 25 - E		DARK BEATHLAND CALLED BY	I ONSET AND DEATH
중 등 은 등 일		IMMEDIATE CAUSE (a) GURBROT WOUND OF	a Books II
e should be ling" in pender's Office assa buriel-fr removal, a		DOE TO	
Shot Shot Shot Shot		geve rise to immadieta causa	
Filicate sk pending aminer's sed as a on, or re		(c), stelling the underlying but to	
R: This cert'ficates he word "pending fed cal Examiner's hould be used as to refer to complicity, or refer to the complicity or refer to the complication of the complicat	Z		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,41 19. WAS AUTOPSY PERFORMED?
This cert firm word "pe dical Examuld be use cremation,	CERTIFICATION		YES 🔀 NO 🔲
FR: This yellow work would be should list, cren	RTIE	PRIMARY TO OF CONTRIBUTING	D (Entar nature of njury In Part I or Part II of item 18)
IINER iting th hief N e 3 st burial			double barrelled shotgun PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Z E U Do	MEDICAL	Hour a.m. While Not While	factory, street, office b(dg., etc.)
EXA icate, w to the OR: Pa	1	p.m. 19 all work at work 21. I certify that I took charge of the remains described above,	HOME :
			Suicide (A), Homicide (I), Undetermined manner
Parde Ser		11/2	CHIEF MEDICAL EXAMINER
57 m 0 W	٠.	ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER M
ry ME execute the		THE MANAGEMENT OF THE PARTY OF	DEPUTY MEDICAL EXAMINER 1/16/60
	_	NAME (Typa) WALLERM V. LOVICE, Jr.,	M.D. Address (Street, c ty, town, or county)
Salo Salo	226	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS	
0 g 4 0 p	23	Burial 4-19-1960 Zion Luther	an Stemmers Run, Md.
VS. A15ME 5M 7/59 (1	make Freezels Home 741, A.	DO
4111.2122	المرد	SHUMM SUMPLES STOP SHEET	ELL Rd, DATE ADR 21 '60 Circles & thank



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 necessory, please exertar. Page 4 should be cremotion, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If imitiation, Residence before admission) e. COUNTY b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Days 5611 Magnolia Avenue Baltimore 15 Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 5611 Magnolia Avenue Veterans Administration Hospital YES NO 3. NAME OF fint Middle 4. DATE Month Day Year DECEASED E. April 160 CLARENCE LANDES 6 (Type or print) DEATH nd 3 to the Fretoined for N with the r 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs May 17,1891 Male White WIDOWED IXX DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slate or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working tile, even if retired)
Machinist-Retired gug 24 hours ofter of Pages 1, 2, and age 5 may be re Metal Products Cd. West Virginia S. A. 48 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mon Mahalia Hedrick Wellington Landes oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clinical Recrds. VAH. Balto. 18, Md. Fort Howard Div. Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which pencil along buriol gave rise to immediate couse **DUE TO** (o), storing the underlying couse last. anding" in ٥ PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 00 WAS AUTOPSY PERFORMED? YES 📆 NO [20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part (I of item 18.) PRIMARY | or CONTRIBUTING | Month, Day, Year 20c. TIME OF INJURY 20d. INJUSY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) vriting the wo ief Medical E R: Page 3 sh (Stote) factory, street, office bldg., etc.) Not while at work of work p. m. 21. I certify that I tack charge of the remains described above, held an Autapsy [2]. Inspection [2]. Inquiry L, and find that to the Chief DIRECTOR: 1 death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER 4-6-6-**EXAMINER'S** orword DEPUTY MEDICAL EXAMINER ... NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2 60 Burial Baltimore National Cem. Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE APR Orthun & Kroud 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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> physician. b ρλ 0

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certificate

After this

DIRECTOR:

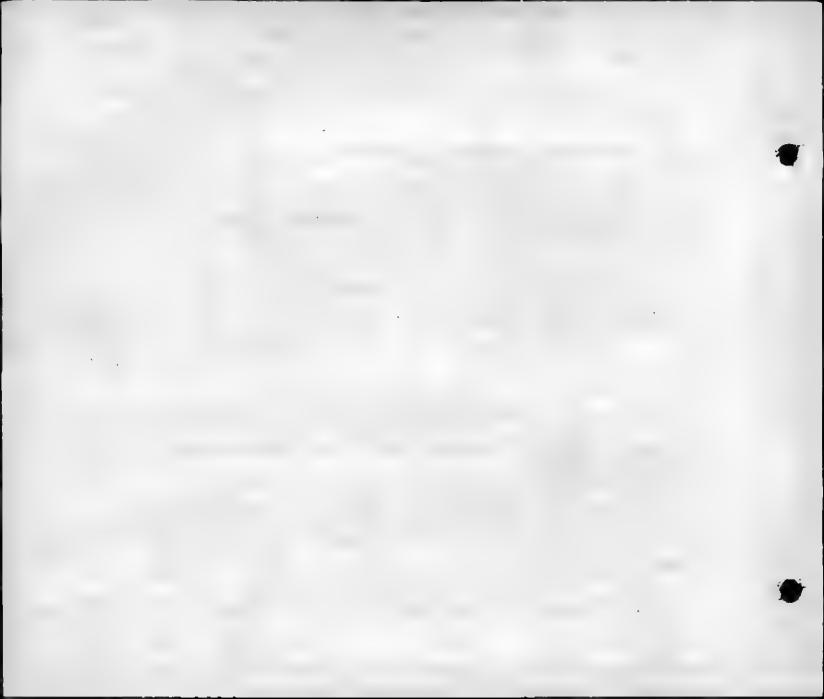
FUNERAL

VS A15 (4)

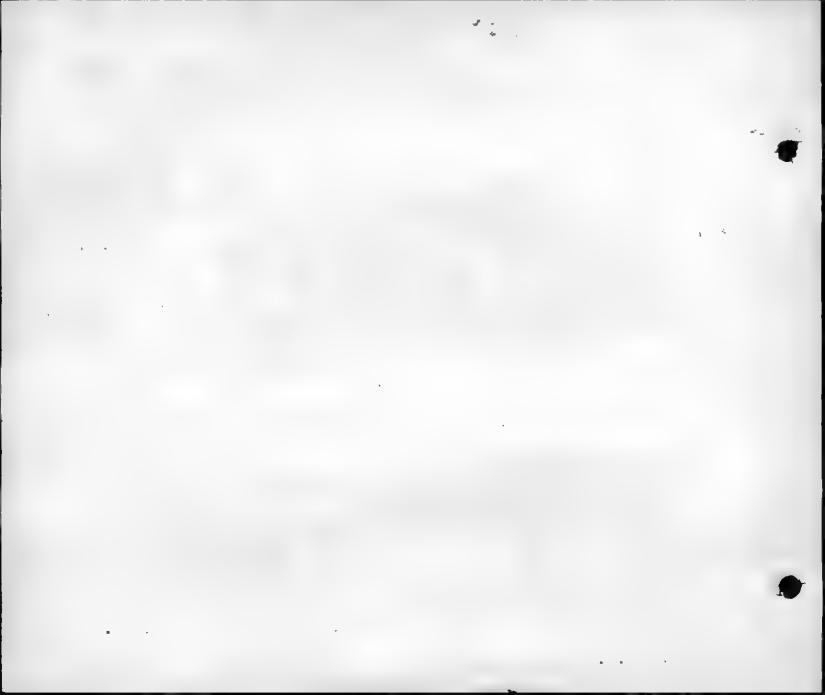
1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE pyloge deceased lived. If institution: Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If fill-life carporate/limits, write RURAL and give nearest town) RURAL and give nearest lawn) 70 Nova- Balto. Co. d. NAME OF HOSPITAL (If not in hospitat, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF Middle DATE Day Year DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 9 AGE (In years last birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours DIVORCED | WIDOWED IT yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b, KUND OF BUSINESS OR INDUSTRY 11 (FIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY allement 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIÁL SECURITY NO. 17. INFORMANT Address eds CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). WITERVAL BETWEEN d ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause tost. buriof-transit PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO [] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stole) Hour a. st. factory, street, office bldg., etc.) While Not while at work of work 21. 19 60 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at MM, from the causes and on the date stated above. ADDRESS (Street, city or town, state DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 7 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c_NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24aL REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE in & Thomas VS A15 (4) 15M 9/55



1	75	(\$\dag{\partial}{2}\)	MARYLANI	D STATE DEPARTM	LENT OF HEALT	H-BALTIMOI		:
	7-7-	00	4307	CERTIFICA	ATE OF DEAT	Н	v 424 Reg. Dist. No	0
the funeral director, should be filed with	M	1. PLACE OF DEAT o. COUNTY	H Baltimore	MARYLAND	2 USUAL RESIDENCE (W		institution: Residence befo OUNTY	pre admiss an)
D an	The same of the sa		/N (If autside corporate limits, write we nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	autside corporate limits,	write RURAL and give ne	arest lown)
fun fun	. 1.	Cat	onsville	2yrlmth 2dys	Baltimor	6	3 V.	1. 4.
- 동 - 등 등 - 등 등	14	OR INSTITUTI			d STREET ADDRESS	Athan Arransa		e. IS RESIDENCE ON A FARM?
e puo		SPRING I	GROVE STATE HO	SPITAL		Athol Avenu		YES NO
Poges 1 o		(Type or print)	Charles	Middle	Leffet	4. DATE OF DEATH	1 2 T	5 1960
- \$ € - \$ \$		s. sex		RRIED NEVER MARRIED	B. DATE OF BIRTH	872 P AGE (In lest birt	hday) Months Days	Hours Min
completely papers Po		male	White WIDON ATION (Give kind of work done 10)	WED DIVORCED	January 6, 1			
		during most of	working life, even if retired)	b. KIND OF BUSINESS OR INDU				OF WHAT COUNTRY
on ond corbon ofter de	-	Ta IIII 13. FATHER'S NAME			Maryl.		U.S.	A.,
		Ja	cob Leffet		Cathe	rine ?		
emave 2 hours			EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
5 2 2		unknown		Unknown Re	cords: SPRI	NG GROVE	STATE HOSE	TAL
tendîi pleose zithin			DEATH [Enter only one couse per	line for (o), (b), and (c)) 0		INT	ERVAL BETWEEN SET AND DEATH
e at		PARTI	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Heart f.	ailure			
두 다 하		17.5	OT.3UG	0 - 10	. 0	2.0		
rait.			if ony, which) (b)	treneral	ned ar	Russel	erosis	
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sicia seen rans	Tax	PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIE	ON GIVEN IN PART I(o)	IP WAS AUTOPSY
g phy has b urial-l	vi I	PART II.						PERFORMED? YES NO TO
icate lithe bu	,	20a. ACCIDENT OR CONTRIBUT UF EITHER, NO	WAS UNDERLYING [] 20b. DE ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of item	18.)	
certification,		20c. TIME OF IN Hour o.			ACE OF INJURY (Home, forr	n, 20f (City or town)	(County)	(State)
this removed		¥		e Not while TO		1		
frer frer ed fo		21. I certify	that I attended the deced	sed from April 10) , 1960 to L	11/2,5,1	19that I last so	aw the deceased
ha ha		alive an	7 pmx 25, 19	and that death	occurred at	M, fram the ca	uses and on the da r town, state)	ite stated abave
10 P 5	,	ACTUAL SIGNATURE	(A)	ta mente				DATE SIGNED
P. S. A. S.		SIGNATURE	1/3 -2000	2 2 2 2 3 4 3 2	M.D. SPRING C	ROVE STATE	HOSPITAL	-7/-23/01
ERAL DIS 3 shauld jistror pr		PHYSICIAN'S NAME (Type)	BRUND NA	DAUSTA) Catonsvil	lle 28, Mary		
may be O FUNER page 3 s	ž ų	Buf 181 (Spe	4/28/60	22: NAME OF CEMETERY OF TEMETERY OF THE PROPERTY OF THE PROPER	orial cemet	22d LOCATION (C ty.	nton, Md.	(Stote)
VS ATS (4)	-11	23 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246	. REGISTRAR'S SIGNATU	RE
SM 10/57	31	HTANKE T.	.D. 4101 Edmon	dson A	DATE	pp 2 8 '60	O-Thur & the	u.i
1			dmon					



e. IS RESIDENCE

Hours

ON A FARM?

YES NO P

Year

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22b DATE ALCONED

(State)

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1412 E. Preston St., Balto.Md patel PR 18'60

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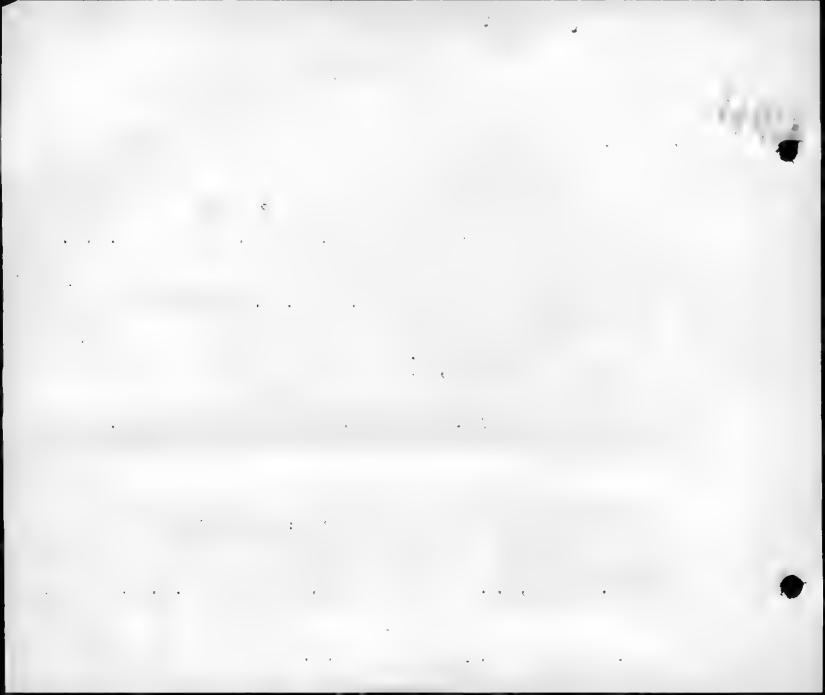
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Randolph J. Collick

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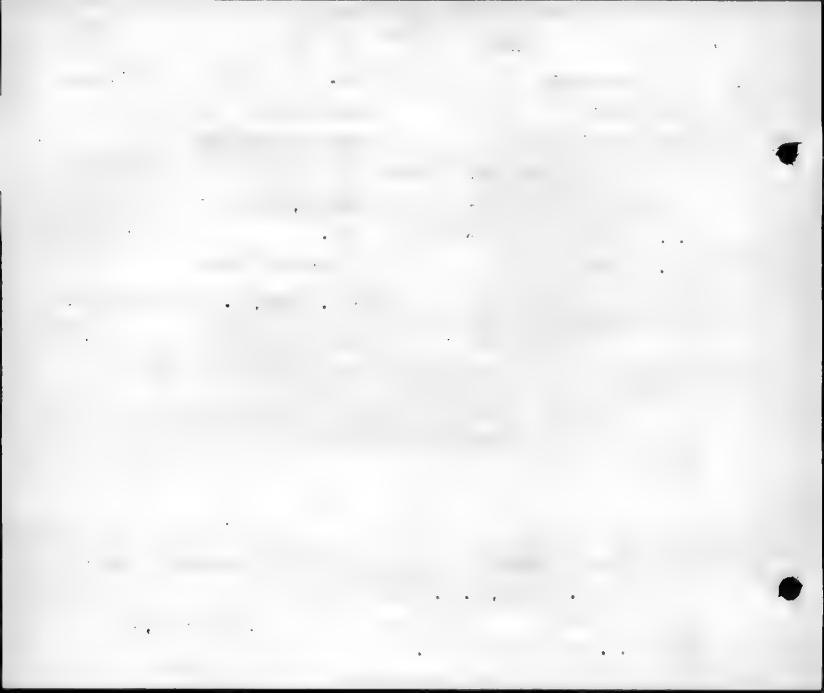
VR A15 (4) 1SM 9/59



death. Page

requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH 1210

04248

1,	PLACE OF DEATH O. COUNTY BASE MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neglest tawn)	c. CITY OF TOWN (If guiside corporate limits, write RURAL and give nearest town)
C	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d STREET ADDRESS o. IS RESIDENCE ON A FARM?
*	7 Flest Ty winer	6/3 N. Dentaloy XX YES NO
3.	NAME OF DECEASED (Type or print) Marion Lawy ONE	Last DATE Month Day Year OF DEATH WART 3 1400
1	SEX 6. COLOR OR RACE 7 MARRIED NEVER-MARRIED	B. DATE OF BIRTH 9. AGE (If years lost birthday) Manths Days Hours Min. Year
	O USUA. OCCUPATION (Give kind of work done during most) of working life, even if retired)	4.8
<u> </u>	Il omeste mouleure	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
\angle	James W. OShannan	Hall
北	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 III	(FORMANT Address
17	In you, give was a solid or rainted	rollie- M. Melana -
1	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	M . MONSET AND DEATH
	IMMEDIATE CAUSE (a)	CLEROCIC CHROIT
	DUE TO UPSCULAR	necesses.
	Canditions, if any, which)	•
	gave rise to immediate DUE TO	The ROLL 160315
	lying couse last.	
z	(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
CATION	/	PERFORMED? YES NO 2
L CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part II of item 1B.)
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40 Mile Nat while for the part of the part o	ACE OF INJURY (Hame, farm, 20f (City or lawn) - (Caunty) (State)
2	p. m. 19 at work at work	
	21 1 certify that (1) (this haspital) attended the deceased fram	7/25, 1960, ta 4/3, 1964, that (1) (we) last
		leath accurred at ///M, from the causes and on the date stated above.
	22a. SIGNATORE	22b DATE
	1 (L. Halland	M.D. PHYS G DIRECTOR PHYS.
	22c PHYSICIAN'S W	22d ADDRESS
	MAME (Type)	404
	1/ stolan ld) haw M.O	1 800 Ell HUR MOSOR BOCE KIR W. 18/1
23	BURIA , CREMAT ON , 236 DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town ar county) (State)
11	The Man A - (Specify) 4/6/60 Toudon	on Onto Months.
/V		
28	FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ofter death. Page

in by the funeral director, and 2 should be filed with

TO HOSPIJAR ATTENDING PHYSICIAN: The last requires that the death certificate be exacuted within 24 the may be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24. It after death. Page-Though the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 12 FilmG261 4-13-60 et

CERTIFICATE OF DEATH 4311

Reg. Dla 4241

	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Ballimore				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town).	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Parkville				
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 8702 Ashford Road	1 8702 Ashford Road 15 RESIDENCE ON A FARM? YES NO NO				
	3. NAME OF DECEASED (Type or print) Mr. Nicholas (Manos DATE Month Day Year Manos DEATH April 6th 1960				
	5. SEX 6. COLOR OR RACE 7. MARRIED DIVERER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 2, 1802 9. AGE (In yeors lift UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.				
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Netired Restaurant Operator 13. FATHER'S NAME (Market Control of the Control	Greece U.S.A. 14. MOTHER'S MAIDEN NAME				
I	Constantine Manos 15) WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [If yes, give wor or dates of service)	INFORMANT Address				
	18. CAUSE OF DEATH [Enter only one cause per fine folio), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost	l'al degenie ration interval between onset and death onset and death of the disease -				
	3 Marteed	NOT REJATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO NO				
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18) OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) V 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home form, 20f (City or lawn)) (County)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. Hour a m 19 While of work of work	ACE OF INJURY (Home ferm, 20f (City or lawn) (County) (State) clary, street, office bdg., etc.)				
	21. I certify that I attended the deceased from the grant alive on 1960, and that death actual signature. The work of the physician's FRANK T. KASIK VK	n accurred at 3-0 M, from the causes and on the date stated above. ADDRESS (Street, cityfor town/state) DATE SIGNED M.D. 9005 Harford 4 4760				
	220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY CORNEL (Specify) 4/4/60 Greek Orth 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Odox (cm. Baltimore, Maryland 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	Leonard Y. Ruck 5305 Harford Road	#14 DATES OR 8 '60 Outland & House				



VS. A15ME(5) 5M 9/55



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	43.3				-		
1. PLACE OF DEATH o. COUNTY	Balto.		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If insti b. COUN		
RURAL and give	(If outside corporate limi nearest town)	ts, write c. LEI	NGTH OF STAY IN 16	X	outside carporote limits, writ	e RURAL and give no	earest fown)
d. NAME OF HOSP	TTAL (If not in haspital, g	ive street address	1)	Rodgers For	ge		e. IS RESIDENCE
OR INSTITUTION	nval. Home-		Ave	118 Dumbart	on Rd.		ON A FARM?
. NAME OF	Fir		Middle	last	1	Aonth D	lay Year
(Type or print)	META	-		MCINTYRE	OF DEATH AT	r, 15	1960
5 SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In year lost birthdo		R IF UNDER 24 HRS Hours Min
female	white	WIDOWED [DIVORCED	Jul. 19,189		rrs i	
 USUAL OCCUPAT during most of wo 	ION (Give kind of work or trking life, even if retired)	done 10b. KIND (OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	e or foreign country)	12 CITIZEN C	F WHAT COUNTRY
Housewife				Ireland		U	. S. A.
FATHER'S NAME				14 MOTHER'S MAIDEN	NAME		
Samuel J.				Sarah Campb			
Tes, no, or unknown	ER IN U. S. ARMED FOR (If yes, give war or dates of s			INFORMANT		ddress	
no	1			ir. Philip E.	McIntyre-118		
	EATH {Enter anly and ca EATH WAS CAUSED BY:	use per line far ((a), (b), and (c).]	MH. V	See)		TERVAL BETWEEN
EC. I	IMMEDIATE CAUSE (o		rhous	I JULKA	VOU	- 4	470.
15.61	DUE TO						/
Conditions, if)		V			
couse (a), stating	g the <u>under-</u> DUE TO						
lying couse lost	_ ′ (
PART 11. O	THER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH 81	JT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED? YES NO P
200 ACCIDENT W	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20ь. DESCRIBE I	HOW INJURY OCCUR	RED (Enter nature of injury in	Part 1 or Port II of item 18.)		
20c. TIME OF INJU	10	While N		PLACE OF INJURY (Hame, far octory, street, office bidg, et		(County	(State
21 certify th	iat (I) (this haspital	attended th	ne deceased fram	may 10 15	58 to april	15 19601	that (!) (we) las
saw the dece	///			death ocurred at	M, fram the causes	and an the dat	
220 SIGNATURE	116	111	A				22b, DATE SIGNE
Zaure	ule C.V	Your) //	M D. PHYS.	AED. STAFF		11.18
72c PHYSICIAN'S NAME (Type)	LAUREN	CE (tost	6 FON	Hork Rd.	Ballen	rose my
23a. BURIAL, CREMATI REMOVAL (Specif	10N, 23b, DATE THEREC		NAME OF CEMETERY		23d LOCATION (City, tow	**	(Stote)
Burial 24 FUNERAL DIRECTO			Woodlawn I	والمستقول والمستقول والمستقول والمستقول	Woodlawr D 8Y REGISTRAR 255 R	Md EGISTRAR'S SIGNATI	URE
Was I	Stulp	6/	ens - 11	2 " (T)		rims S. than	

TO HOSP CRATENDING PHYSICIAN: The low requires that the death certificate be executed within 21 after death. Page 4 may be do by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 parts after death VR A1S (4) ISM II/S9

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s after death. Page



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTICICATE OF DEATH

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\wedge	1 PLAC	E OF DEATH	20	-	MAR	LAND	2. USUAL RESI			lived. If institution b. COUNTY	on: Residence	before ad	mission)
	h 00	BALTIMO	outside corporate limi	le surille	c LENGTH OF STAY		- CITY OR '	MARY L		rote limits, write R	IIPAL and as	un nanzart :	lawa!
	RU	RAL and give near	rest town)	15, 1911116		12 19			_	rote timits, write K	OKAC BRG GI	2 /	f to
		II HOWARI	. (If not in haspîto), g	un stead s	38 DAYS		d STREET A	THOR	7			- H	RESIDENCE
	OF	INSTITUTION					d SIKEEL A					0	N A FARM2
	VET	ERANS AB	<u>Май/вас</u> ля <i>"а"</i> ей	CON H	OSPITAL		721	HARIAN		NUE		YES	NO D
	3 NAM DECE	E OF ASED	Fir	st	Middle		Los	it	4. DATE OF	Mon	th	Day	Yeor
	(Туре	or print)	WILL	MAIL			McMATH		DEATH	APRI	- April	8	1960
	S. SEX	1	6. COLOR OR RACE	7 MARRI	IED 🔣 NEVER MARRI	ED B.	DATE OF BIRT	Н		9 AGE (In years last birthday)		YEAR IF U	NDER 24 HRS
	M	ALE	COLORED	WIDOWE	D DIVORCE	D 🔲	10-7-18	194		65 yrs	A.O.IIII3	Julys No	ura Milli.
	10o USt	AL OCCUPATION	(Give kind of work of	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CIYIZ	EN OF WH	AT COUNTRY?
		COM	g me, even ii remeu	_	RACE TRICK		FI	ORIDA			U	S.A.	
	13. FATH	ER'S NAME					14. MOTHER'S	MAIDEN N	AME				
,	EL	BERT McM	ATH				МТТ	LIE T	HOMAS				
	15 WAS	DECEASED EVER	IN L S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17, INF	ORMANT		Dies of Dis	Add	ress		
	YES		yes, give war or dates of s		5-18-1357	CLI	N REC -	WAH B	ልፒ.ጥፕ Μ ር	RE MD-FI	HOWAI	דרת תכ	TETON
	==				e for (a), (b), and (c)		11 1430	1201 17		A.L. 110-1-1			L BETWEEN
			WAS CAUSED BY					የስድሞልሞ					ND DEATH
	go	onditions, if any overise to im- use (a), stating the ng couse last.	mediote (ME	ENOCARCING TASTASIS		THE PE			· <u>- · · · · · · · · · · · · · · · · · ·</u>			YEARS—
	CATION	PART II OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E COND TION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
												YES	NO [
ijjeu	CERTIFE OR (IF E	ACCIDENT WAS CONTRIBUTING E EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (OCCURRED.	(Enter noture o	if injury in P	art I or Pori	I II of item 18.)			
	₹ 20c	TIME OF INJURY	Month, Day, Ye	or 20d, !N	NURY OCCURRED		CE OF INJURY			or town)	(Co	ounty)	(State)
	WEDICAL WEDICAL	Haur o.m.	19	While at work	Not while	racto	ary, street, affic	e blag., erc.	1				
	21	1 certify that			ed the deceased								
		. SIGNATURE											22b DATE SIGNED
			1. 1		7 A	M.	.D PHYS.		D. RECTOR	STAFF PHYS.		- }	1-9-60
	22c	PHYSICIAN'S	6 Racles	111	len M	D.	22d, ADDR	ESS					+ ,
		NAME (Type)	CHARLES A	LLEN,	M.D.		BAH.	BALTO	. MD.	FT. HOWAR	D DIV	ISION	
	23o. BUI	RIAL, CREMATION	23b DATE THEREC)F	23c NAME OF CEN	ETERY OR				TION (City, town,	ar county)		(State)
	REA	NOVAL (Specify) 対象			BATATMOR		TONAT.						
		ERAL DIRECTOR'S	SIGNATURE		ADDRESS	C NA	L CANALL	2So REC'I	BY REGIST	RAR 256 REGI	ARY LAN	7 0	
		ov C Wil:		Brani	lev Ave R	alta i	n Ma	DATE A	PR 18	'60	· in &		

1000 Brantley Ave Balto 1 Md

may be recorded by the haspital ar attending physician.

TO FULLERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event within 75 Each. That all the state Board of Health prior to burial, cremation, or removal, and in any event within 75 Each.

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24

after death. Page 4

the funeral director, 2 should be filed with

ond

VR A1S (4) 1SM 9/S9

Elroy O Wilson



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
4226 CEPTIFICATE OF DEATH

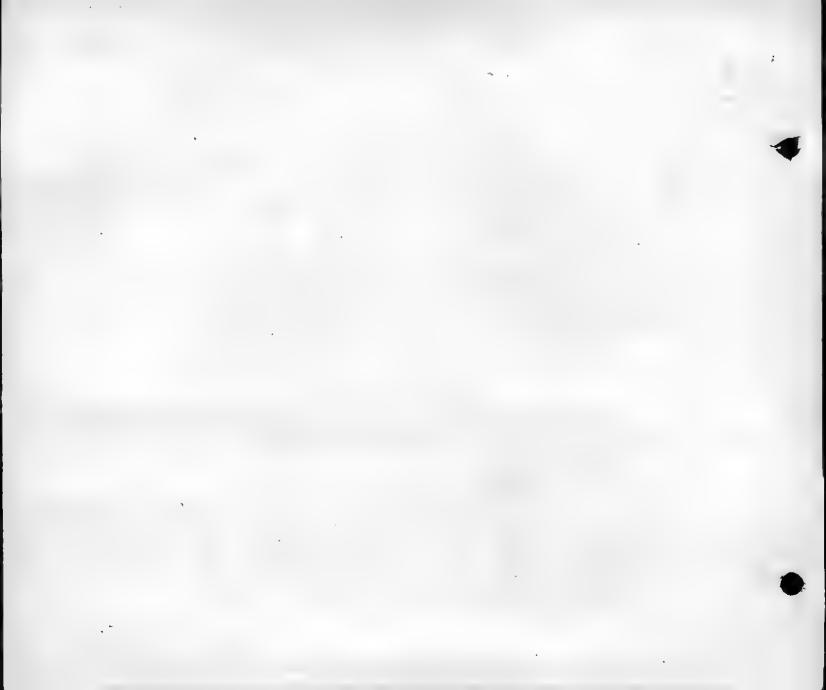
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	4220 CERTIFICATE OF DEATH (4233
1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
	o. COUNTY Baltimore MARYLAND O. STATE Maryland b. COUNTY Baltimore
	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give pearest down) Arbutus 141/rs. 1/Arbutus
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM?
	1364 Poplar Ave. 1304 Poplar Ave. YES NO
1	NAME OF DECEASED And Middle Lost 4 DATE Manth Day Year
	(Type or print) Grorge F. Melchion DEATH April 25 196
,	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE In years 15 JNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
	111212 White WIDOWED DIVORCED HEALT2, 1843 67 75
C	o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
	Stock Clerk Hoolee Co. Maryland U. J. St.
3	FATHER'S NAME
	Grorge P Melchior or. NARnown
5	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dates of service) Address
	NO 215-18-8772 Edna Melchior 1304 Poplar HVE.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	DUE TO
	Conditions, if any, which (b) Coronary arthry disease
	gave rise to immediate couse (a), stating the under DUE TO
7	tying couse lost.) (c) (c) PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ION 19 WAS ALITOPS
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED?
¥	YES NO [
- 2	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH. (IF EITHER, NOTIFY MEDICAL EXAMINER)
A PD CA	Hour o. m. While Not while of tweet of the bldg., etc.)
ξ	
	21. 1 certify that (1) (this haspital) attended the deceased fram Jan . 1960, ta Cipril 25, 1960, that (1) (we) to
	saw the deceased alive on 1960, and that death accurred at 2 MM, from the causes and an the date stated above 220 SIGNATURE 220 DATE
	ATTENDING MED STAFF
	22c PHYSICIAN'S 22d ADDRESS
	NAME (Type) (hades R Shultz 12611 Fixacis Aug Baltiz)
-	to BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. IOCATION (City, town, or county) (Stote)
-	REMOVAL (Specify)
2	EUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRES
1	Jamber on 1206 labour La PARAPR 27'60 Chilles & House

TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 the other death. Page 4 may be -c. ed by the hospital or attending physician.

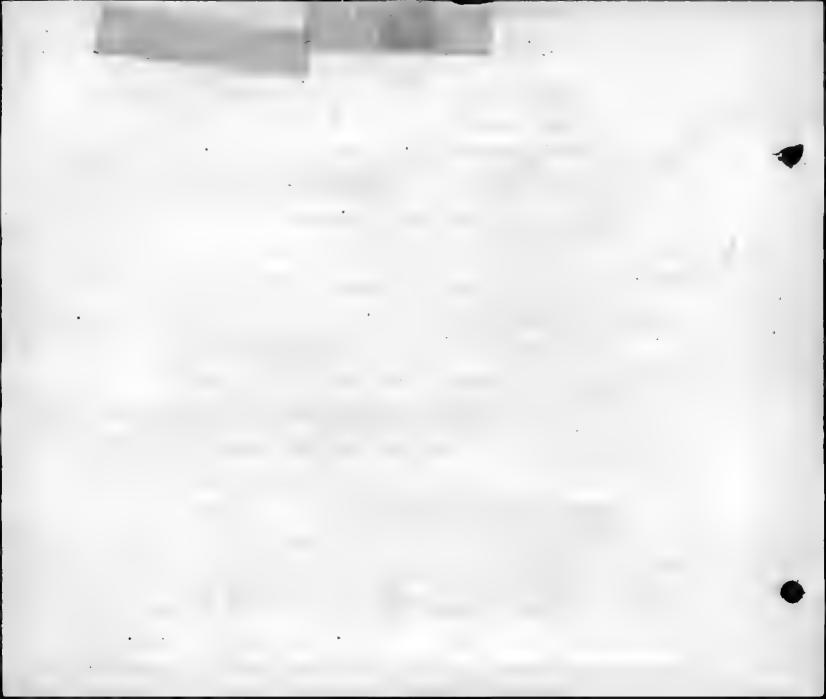
TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely fulled in toy the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



CERTIFICATE OF DEATH 4315 Rea. Dist. No. filed with /PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Catonsville the func Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? .0 Summit Nursing Home-98 Smithwood YES NO 5803 Hillen Rd NAME OF Middle - Last 4. DATE Month Year Day DECEASED (Type or print) LOUISE DEATH 6 ROSA MERGENTHALER 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years lost berthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED T female WIDOWED From Jan. white popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife puo Maryland pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Š Jacob Heiss move Louise Marx IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address no none Mergenthalor 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** å Conditions, if ony, which gned gove rise to immediate **DUE TO** coffse (o), stating the underlying couse lost. been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19, WAS AUTOPSY PERFORMED? YES TO NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of frem 18. 20a. ACCIDENT WAS UNDERLYING certificote OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) cremotion. Š 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slote) factory, street, office bldg, etc.) e s Hour o. m. Not while of work \square of work Į 21. I certify that I attended the deceased from that I last saw the deceased ached alive on_ and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE þe should PHYSICIAN'S NAME (Type) (7) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Draid Ridge Cem Pikesville. Md 20 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Circhant & PERSON DATE APR B. B. TOO 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 64254



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the attending physician and campletely filled in by the funeral director. Then please remave carbon papers. Pages I and 2 shauld be-fifted with

TO HOSPI ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 V may be and by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and the State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 bours after death.

VR A1S (4) 1SM 9/59

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	4316	CERTIFIC	AIE	OF DEATH					- 17
1, PLACE OF DEATH o. COUNTY				USUAL RESIDENCE (W	here deceases		on: Resident	te before admis	sion)
Balt	0.	MARYLAN	ND	o. STATE Md.		b. COUNTY	Ealt	50 a	
b. CITY OR TOWN	(If outside corporate limits, wri	te c LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL and g	jive nearest tow	m)
RURAL and give i	nearest town)		X	Baltimore					
d. NAME OF HOSP	ITAL (If not in hospital, give str	eet oddress)	1	d. STREET ADDRESS				e. IS RE	SIDENCE
or institution 527 Wind	wood Pd.			527 Windway	od Dd.				A FARM?
3. NAME OF	First	Middle		Last	4 DATE	Mor	th	Сюу	Yeor
(Type or print)	FLGRENC	E L.	ME	RRICK	OF DEATH	A	oril	4,	19 60
S. SEX	6 COLOR OR RACE 7 N	ARRIED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years	IF JNDER	1 YEAR IF JND	ER 24 HRS
female		OWED DIVORCED	_	1/22/1896		last birthday)	Months	Doys Hours	Min.
	ION (Give kind of work done				or fareign c	ountry)	12. CITI.	ZEN OF WHAT	COUNTRY
during most of wo	rking life, even if retired)	at home		Md.		· ·			
13. FATHER'S NAME		40 110110	İ14	I. MOTHER'S MAIDEN I	NAME				
	ackelford			Estella I		1			
-	ER IN U. S ARMED FORCES?	14 COCIAL SECURITY NO. 1	17. INFOR	MANT		Addi	r de c		
(Yes, no, or unknown)	(If yes, give war or dates of service)	III. SOCIAL SECONITI NO.			:1			04 D4	
no			Fars	. Evelyn K.	mserr	a = 521 Y	ATITIA		
	ATH [Enter only one couse p					1		ONSET ANS	
PARI I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (6)	myoca	1 00	al my	arc	rev		1 hs	_
4-20	DUE TO			la					
Conditions, if	ony which)	(mma	111	resku	ALL	1			
gove rise to	immediate (Coaston	-	7	-	*	-		
couse (a), stating lying couse lost		(hoters)	s de	erotre C	ande	W VARCE	Mar	- du	usc
	: (c) (c) (fine significant conditions	NS CONTRIBUTING TO DEATH	PUT NO	T DELATED TO THE TERM	INIAI DISEAS	E CONDITION GIV	FN IN PAP	T 1/A) 19 WAS	A. ITOPSY
PART II. O	MEK SIGINI ICAN CONDINO	CONTRIBUTION TO DEATH	201140	KERNIED IO IIIE IEKM	III AAC DIGCOO	E CONDITION ON	#14 K.4 L.14K	PERF	ORMED?
S LOSIDS II	Tool	DECEMBE HOLL IN A RIGHT OF CO.	10050 45		D 1 D	4.0 -5.24 10.3		YES _	NO.
I I OR CONTRIBUTIN	G 🖂 CAUSE OF DEATH l	DESCRIBE HOW INJURY OCCI	URRED (E	nter nature of injury in	Port I or For	til or item 16)			
	Y MEDICAL EXAMINER)								
WEDI OF INJU	,,		e. PLACE factory.	OF INJURY (Home, form , street, office bldg., etc	n, ¦ 20f. (Cily c.)	or town)	{<	ounty)	(Stote
D. m.	10	hile Not while work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	"				
2) Leartify th	ot (I) (t his-hespitel), ott	anded the deceased fro	om /	L-12 10	60 to	4 - 4	4 106	Q: that (I)	fund for
saw the dece							-		
220. SIGNATURE	sed drive on	4_ 1960 and th	ar aear	n occurred diz	IW, Irom	the causes on	on the		2b DATE
1///	1.1 1 195	Sugar 1		ATTENDING M	LED IRECTOR [STAFF		-	SIGNE
72c PHYS CIAN'S	2001.00	The state of) MD	PHYS D	IRECTOR L	PHYS	0	7	
NAME (Type)				1101	541	and st	100	1602	140
23a BURIAL, CREMATI REMOVAL (Specific		23c. NAME OF CEMPTE	RY OR CR	REMATORY	23d LOCA	TON (City, town,	or county)	(Sto	ote)
REMOVAL (Specif	4/7/60	/ Druid	Ridge	e Cem		Pikesvil.	le, Mo	d.	
24 JUNERAL DIRECTO	R'S SIGNATURE	ADDRESS /	of	25a. REC	D BY REGIST		STRAR'S SIG	GNATURE	
Mart. V.	VIARRILL	V Strist Alli	PUL	17 W DATE	PR 5	60	'ma &	. Kraus	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4317

CERTIFICATE OF DEATH

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١L	7078	J21(11) 10;		Reg. Dis	t. No.
Ī	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decear o. STATE Marylan	I	e before admission) Limore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside car)	porote limits, write RURAL and g	ive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION 1835 White (ddress) Oak Ave.	1 d. STREET ADDRESS 1835 White	Oak Avenue	e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print) Mrs. Ella M	Middle	Merten 4. DATE OF DEAT	H April 1	72 19 60
\$	6. COLOR OR RACE 7. MARRIE		8 DATE OF BIRTH	1 1 1 1 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
14	temale white WIDOWED B. USUAL OCCUPATION (Give kind of work done 10b. K	/	Jan 21, 1865	Country) 12 CITIZ	ZEN OF WHAT COUNTRY?
1	during most of warking life, even if retired)	nto Or bosiness on mao.	Maruland	18.631	IISA
1:	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		UST
	John Snyder		?	Driscoll	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St fes. no., or unknown) (14 year, give war or dates of service)		NFORMANT Urs. James Wunde	Address 21	
	IB. CAUSE OF DEATH [Enter only one cause per line		,		INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	_ wrter	oscierosus		
	Conditions, if ony, which) (b)				
ı	gove rise to immediate DUE TO				
ı	lying cause lost. (c)				
CEPTIENCATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ISE CONDITION GIVEN IN PART	19, WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or P	art 11 of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN. Hour a. m. p. m. 19 While of work	Not while for	ACE OF INJURY (Home form, 20f. (C ctory, street, office bldg., etc.)	lly or lown) (C	ounty) (State)
	21. I certify that I attended the decease				st saw the deceased
L	alive an 4-4, 126	and that death	accurred at 4 1 M, fram		
	ACTUAL SIGNATURE	en	M.D. 7122 Harford	(Street, city or town, state) d. Road	DATE SIGNED 4/12/60
	PHYSICIAN'S Dr., Joseph Skl	loven	Baltimore, 1	f, Maryland	
2	Removal (Specify) 4/15/60	Holy Redee		ation (City, town, or county) altimore, Mar	ryland
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Harford Road	/ # 7 // 240 REC'D BY REGI	3 '60 Cuthun	
	Leonard J. Ruck 5305 to	rais area Noac	L # / L/ DATE PAIR I	- 3-	A. YOUNG

TO HOSPITION RATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 may be read by the hospital or attending physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the ottending physician and compared filled i page 3 should be detached for use as the burial-transit permit. Then please remove carbon dapers hages I at the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after date.

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
4318	CERTIFICATE	OF	DEATH		

MAKTLAND 3	TATE DEPARTMENT OF HEALTH-	-DALIIMUKE, 10
4318	CERTIFICATE OF DEATH	Reg. Dist. No.
PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND 2. USUAL RESIDENCE (Where	deceased lived. If institution: Residence before admission) b. COUNTY 17-1 LTI LICE
b. CITY OR TOWN (If outs de corporate limits, write CRURAL and give nearest town)	14 yrs Catons	ide carporate limits, write RURAL and give nearest town)
or Institution 14/0 Darcheste		Pechester Rd. Sesidence ON A FARM? YES NO IN OF
3 NAME OF DECEASED (Type or print) A OSE Ph	JERNUN MEUSHAW SA	DATE Month Day Year PEATH APPIL 24 1960
MALE WHITE WIDOWED		9 AGE (in years lost birthdoy) Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work dane 10b. KII during most of working life, even if retired)	OPUCERY MARYL	foreign country) 12 CITIZEN OF WHAT COUNTRY? 4 C. A.
WILLIAM MEYO	show. CAROL	iNE
(1/s no, or unknown) (1/f yes, give wor or dates of service) 21/	9-28-3442 MARYL. ME.	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	for (0), (b), and (c).] UHAWARY OFCIUSI	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-	ROEKINSELEROFIE EAR DISERSE	OIT-VASEULAR - (FERLEY
PART II. OTHER SIGNIFICANT CONDITIONS COL		LI DISEASE CONDITION GIVEN IN PART 1(6)/19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	IBE HOW INJURY OCCURRED, (Enter nature of injury in Part	Der star sertar co
ZOc. TIME OF INJURY Month, Day, Year Hour o. m. 19 While at work [URY OCCURRED Not while at work factory, street, office bldg., etc.)	20f. (City or town) Leys MC(County) (Stote)
21. I certify that I attended the deceased alive an 19.6	- (/ '	from the causes and an the date stated abave.
ACTUAL SIGNATURE TO CLIA	111/2	DRESS (Street, city or tawn, state) DATE SIGNED. DATE SIGNED.
PHYSICIAN'S NAME (Type) & O.A. A. S.	lapse M.A. B. A. C.	4,78, and
BURIAL 4-28-60	Loudon PARK	BALTIMORE Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 17 0 M & 240. REC'D B	

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death. Page

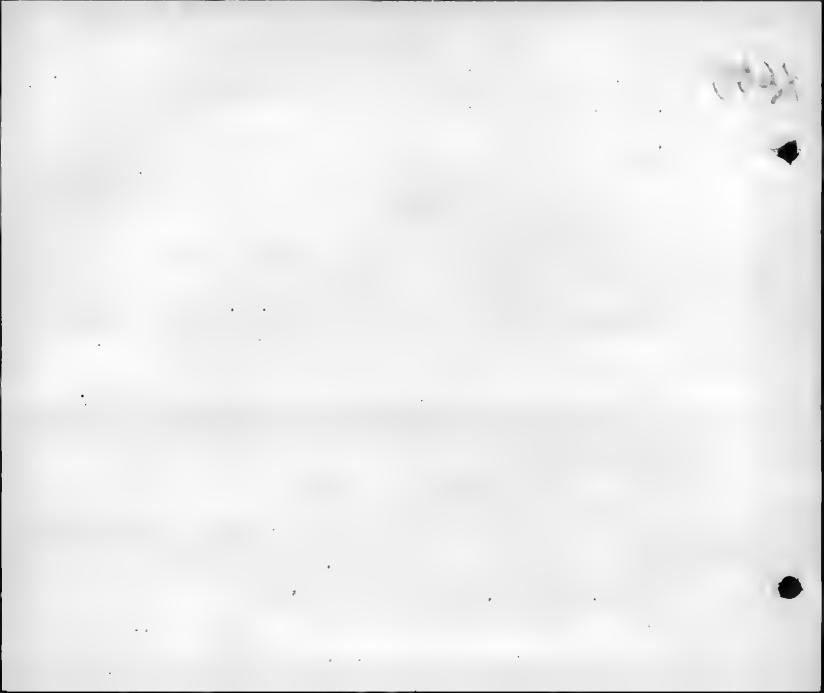
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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D .=	1	L	4320 CERTIFICATE OF DEATH Reg. Dist. No. 32	
Page 4 director, led with	(M)1.	PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b COUNTY.	
- 12 H		/ _	Baltimore County MARTIAND Micrycon Cooking Control Con	. 7
eath neral			b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **RURAL and give nearest town)	1
e fun		\vdash		
45 F E E E			d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mt. Wilson State Hospital d. STREET ADDRESS ON A LARM VIS NO	? .
ië e p d		3.	NAME OF First Middle Lat A DAYE	<u></u>
thin 24 fy filled Poges 1			(Type or print) FRANCIS XAVIER MILLER DEATH APRIL 15 196	
with letefy s. Po		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED Y 11 / 1 3 9. AGE (In years IF UNDER 1 YEAR IF UNDER 74 F lost birthday) Wonths Days Hours M.	www.
cuted	Ė	10	D. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 13, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 13, BIRTHPLACE (State or foreign country)	TRY?
exe o pu	8		Frain of longer of U.S. H-	
		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. STORM 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. LIZZULIS POLITICE 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME	
tific hysi nove		IS	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	—
0 D 2	:(]	1,	NO 216-131 Hospital Records, Mt. Wilson State Hospital	
leath endin			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEE! ONSET AND DEATH	1
be d	} E		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Confestive Careline for the Careline	
t tod	b b		002 X DUE TO	> 7
3 B E	E C		gove rise to immediate (b) without (my my man)	
requir on, or sign isit pe			couse (o), stating the under- lying couse lost. DUE TO (c) Take and the under- to the course lost.	M.
hysici	, ,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED. YES NO	
ng p		CERTIFIC	20a. ACCIDENT WAS INDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lot Part II of item 18.)	4
IAN Fical fical	V		OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
YSIC r off certs	5	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Steep 120 or m. While Not while foctory, street, office bldg., etc.)	le)
F la si		MEC	p. m. 19 of work of work	
ospi frer frer ed fo	5		21. I certify that I attended the deceased from 10 44-3719, to 4-15-, 1960, that I last saw the dece	sed
he h			alive on AFM 1265, and that death accurred at ALLSM, from the causes and on the date stated ob	
P do	2		ACTUAL SIGNATURE / Mt. Wilson, Maryland	NED
d b			SIGNATURE M.D "40 WIISOII) HELY LEITU	
Show	5 /		NAME (Type) Win. Newcomer, M.D Superintendent	
S P P	D D	220	BURIAL CREMATION 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Slote)	
TO HOY			REMOVAL (Specify) 1/18/60 Parkwood Cemetery Baltimore Co., Maryland FUNERAL PRECIDENT SIGNATURE ADDRESS 240 RECIDENT REGISTRAR'S SIGNATURE	
VS A1S (4) 15M 10/57		23.	Dundalk 22, Md. Dateph 1 8'60 Onling S. Kraus	
13/41 10/3/	N. Phil		The state of the s	_

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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physician

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DIRECTOR:

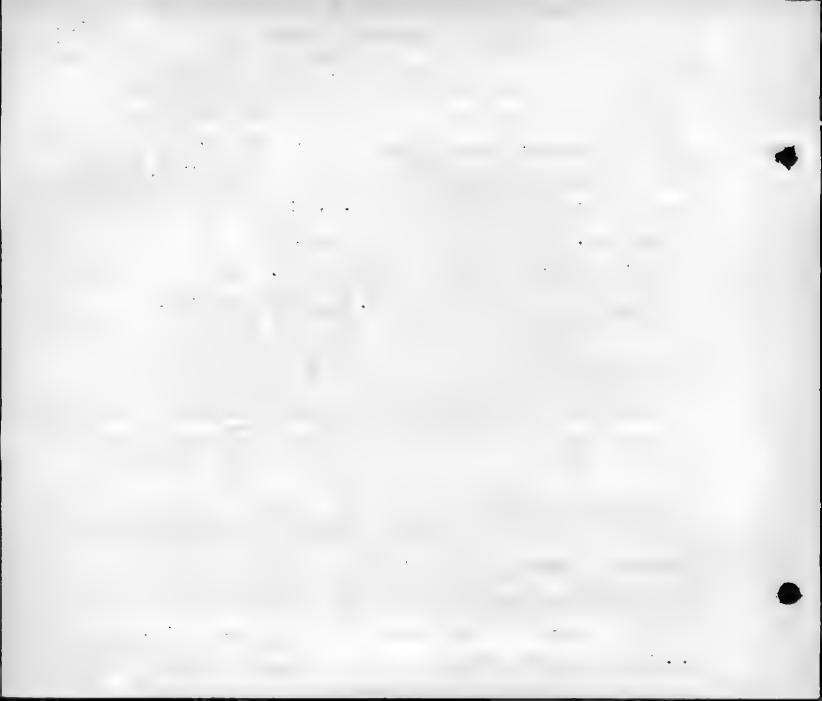
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VS A15 (4) 15M 9/SS

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CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b CITY, OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest town} NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION YES 🗍 NO 🎮 3. NAME OF Middle Last 4. DATE Year Month Day DECEASED OF DEATH (Type or print) 196 9. AGE/(In years last birthday) 6. COLOR-OR RACE 7. MARRIED W NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs DIVORCED [7] WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? most of working (ife, even) if relired) WMON and 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 6 uno. DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17, WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING II 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of (tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (State) (County) Nat while factory, street office bldg , etc.) Hour e.m. al wark all al wark 1960 19 60 that I last saw the deceased 21. I certify that I attended the deceased from. ., and that death accurred at 45 alive on A.M. fram the causes and an the date stated above ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 229 BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATOR 22d LOCATION (City, tawn, or county) (State) /ADDRESS 246 REGISTRAR'S SIGNATURE VS A15 (4) Circling S. France 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Jeoth. Page 4		neral director,	the fued with		
TO HOSP! TRENDING PHYSICIAN: The law requires that the death certificate be executed within 24.	3.5 may be in 4d by the hospital or attending physician.	. DIRCTOR: After this cimitificate has been signing by the attending physician and completely filled in by the funeral director.	93. page 3 shauld be detached for use as the burial-transit permit. Then plemm removm carbon papers. Pages 1 and 2 shauld be fued with	the State Board of Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death.	
MOSP!	XX may be	TO FUNIRAL	State 3 sha	the State B	
13	(A)	150	17		

1. PLACE OF DEATH o. COUNTY Balta		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marvland	nere deceased lived. If institution: Resident b. COUNTY WICOMICO	e before admission)
	autside carporate limits, wr crest tawn)	ile c. LENGTH OF STAY IN 1b		autside carporate limits, write RURAL and g	ive nearest town)
d NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give st	reet address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7425 Ken	les Ave.		<u> </u>	<u> </u>	YES NO
3. NAME OF DECEASED (Type or print)	EZEKTE	Middle S	MURPHY	4. DATE Manth OF DEATH April 9, 19	60 19
S. SEX		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 7, 1872	last birthday) Manths	YEAR IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATIO		106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State		ZEN OF WHAT COUNTR
Farmer	ng life, even if retired)	Farming	Maryl and		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
John Murp	hy		?		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? I yes, give wor or dates of service)		NFORMANT	Address	
No No	I yes, give wor or oures or service;	M	rs. Frank Seil	ler- 7425 Kenlea Ave	Balto.6,
Canditions if an gave rise to in cause (a), stating the lying cause lost. Part II. OTH Urinar 200. ACCIDENT WA	y, which mediate he under. DUE TO [c] ER SIGNIFICANT CONDITION S UNDERLYING [206.]		NOT RELATED TO THE TERM	, J	20 yrs
	Month, Day, Year 20		ACE OF INJURY (Home, form ctary, street, affice bldg., etc		Caunty) (Stat
21 I certify that saw the decease 22a SIGNATURE	111	rended the deceased fram. 9 - 1960, and that	death occurred at 1201	60 to 4-7, 196 PM, from the causes and on the ED STAFF RECTOR STAFF	that (I) (we) la date stated above 226 DATE 4-9-19
22c. PHYSICIAN'S NAME (Type)	Amor	osa	22d. ADDRESS	Beten Rd Bulto	6 Hs
230 BLR AL CREMATION REMOVAL (Specify)	1/12/1960	23c NAME OF CEMETERY C	or CREMATORY rch_Cemetery	23d DOCATION (City, town, or county)	(State)
24. FUNERAL DIRECTOR'S	SIGNATURE -	Bundy M	DATEAP	D BY REGISTRAR 256, REGISTRAR'S SIG	ENATURE TOURS.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE **b. COUNTY** MARYLAND MARYLAND SALTIMORE b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should ESSEX ESSEX the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 364 OBERTE 364 OBERLE NAME OF Furst Middle Last 4. DATE Manth filled DECEASED OF (Type or print) DEATH RERLE 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months WIDOWED | DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pa during most of working life, even if retired) TARDINES OLL BIRD VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 8 = LEO. OREELE KUDIGER physici remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO DATES BAYALES nding 218-22-0792 RTHA OPERLE ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] offel ō. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which seen signed branit gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

BOX 3 64 OBERLE AVE INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🗗 WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.] Hour o.m. While Not while at work at work That I last saw the deceased 21. I certify that I attended the deceased from ACTUAL SIGNATUR PHYSICIAN'S G. M. Baumgardner NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR APR 28 '60 arthur & Heart

TIMORE

Day

Hours

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e. IS RESIDENCE

ON A FARM?

YES NO K

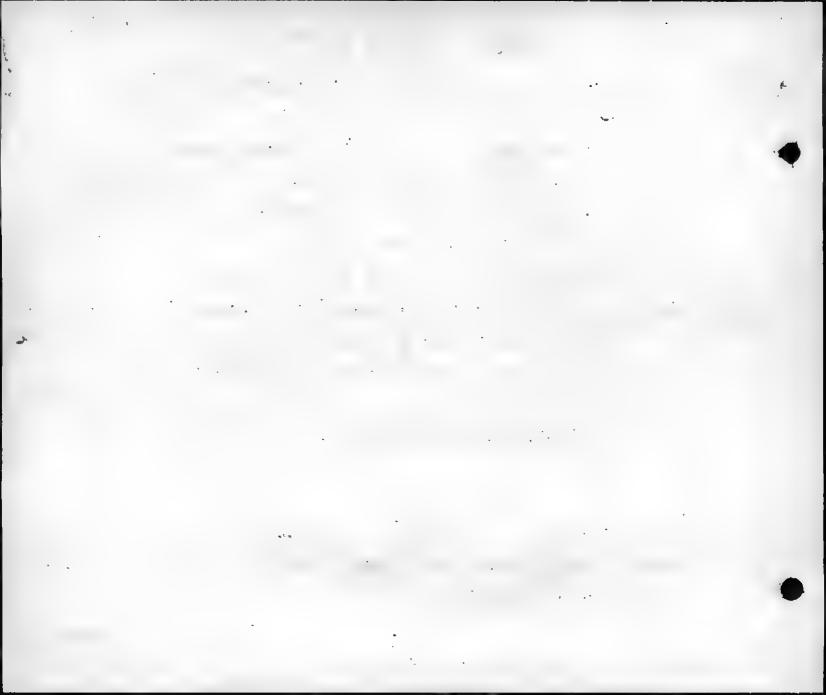
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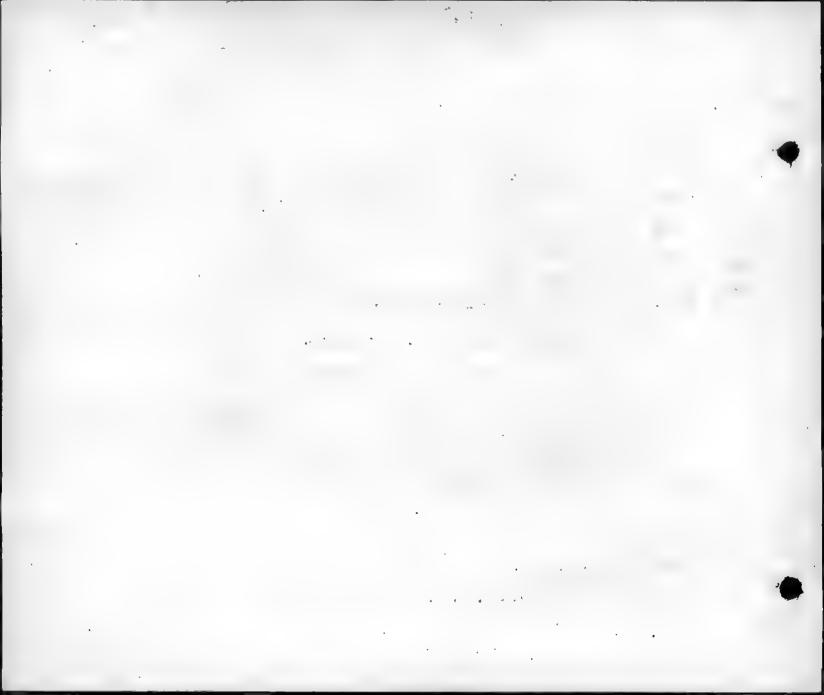
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

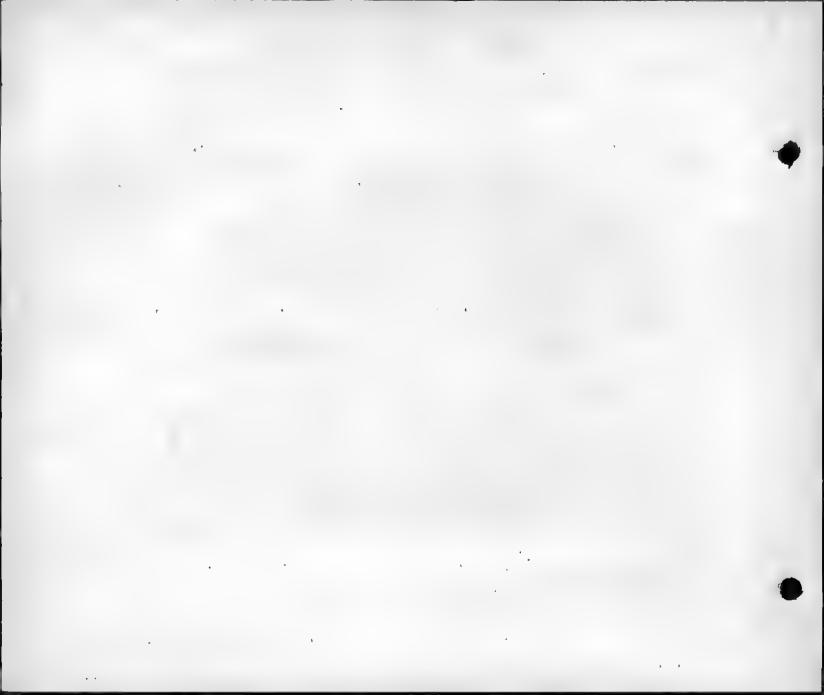
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				Keg.	DIST. 140.	
1. PLACE OF DEATH a. COUNTY Baltimore		USUAL RESIDENCE (Who	. ь	If institution Resid	dence before adm	ission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give cearest town) WOODLAWN	F STAY IN 16	Baltimor		its, write RURAL an	d give nearest to	wn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	,	d STREET ADDRESS	<u> </u>		e IS R	ESIDENCE A FAPM?
OR INSTITUTION Beacon Hill Road		2846 Ray	ner Ave	i e		□ NOX
3 NAME OF DECEASED (Type or print) Herbert M. Orndo	Middle orff Sr	last	4. DATE OF DEATH	Month April 1	ь, 196	Year O19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER WIDOWED D	MARRIED 8 DA	ATE OF BIRTH L/12/1892	9. AGE lost	(In years IF UND birthday) Month:	ER TYEAR IF UN	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired ?		Marylan	ıd	12. (USA.	AT COUNTRY
13. FATHER'S NAME	14	. MOTHER'S MAIDEN N				
Randall Orndorff 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECUR	ITY NO 17 INFOR	Ruth Al	lender	4.41		
(Yes no or unknown) s /// yes nive war available of conscal		erbert M.	Orndorf	f Jr. 1	7 Beac	on Hi
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), o	•			> .	INTERVAL ONSET AN	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HYPER	TENSI	Ve 4AI	Trilli	130 (E)		-17 4
	CARO	10 4286	-4 (ZR	DISCR	۶۶	
Carditions, if any, which (b)						
couse (a), stating the under- lying cause last.						
, 19	TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE COND	ITION GIVEN IN P	ART 1(a) 19, WA	S AUTOPSY
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING EXFOLIATIVE DERI	MATITE	5			PER YES	FORMED?
206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (En	iter nature of injury in Po	art I or Port II of it	em 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR While Not white of wark of wark of wark		OF INJURY (Hame, form, street, affice bldg., etc.)	20f. (City or taw	(۱	(County)	(State)
21. I certify that leattended the deceased from	300 Ch	1847, lo	4/18	1950that	I last saw th	e decease
1 1	that death occ	curred at	M, from the	causes and on	the date sta	ited above
		A	DDRESS (Street, cit	y or lown, state)	Jr.	DATE SIGNE
SIGNATURE / LIVE C / LIVE	MD.	*3629	E 4 Fis	N7561.	AVC 1	1/16/4
PHYSICIAN'S THOSE ! TO AC!	/	137?	70-2	9-1410	<u></u>	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME C	OF CEMETERY OR CRE	MATORY	228. LOCATION (C	ily, lawn, ar county	r) (St	ote)
Burian April 21,60 Dru	id Ridge			ville.	Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				24b. REGISTRAR'S		
J.T.Stansbury 6411 Windsor	MILL ROS	DATE APR	21 '60	inthus &	These	

may be read by the hospitot or attending physicion.

TO FUNERAE HIRECTOR: After this cartificate he been signed by the ottending physician and completely filled in Stage 3 should be detached for use as the buriol-transit permit. Then please remove carbon-gapers. Pages 1 and the registror prior to buriol, cremation, or remaval, and in any event within 72 hours after death. requires that the death certificate be executed within 24 ATTENDING PHYSICIAN: The law TO HOSPIT

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

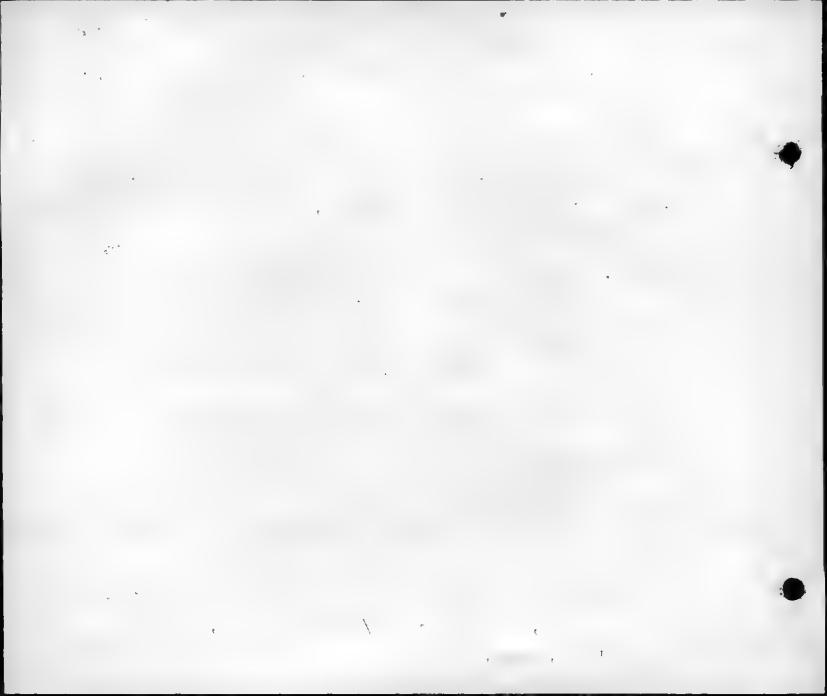
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1. PLACE OF E	DEATH		U 10 +			2. USUAL F		ere deceased	lived. If institut		ence befa	re admiss	ion)
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	TOWN (If autside cand give nearest town)	porate limits	, write c	:. LENGTH O	F STAY IN 16	c CITY o	OR TOWN (If a	,	ate limits, write	RURAL and	give nec	rest town	1)
d. NAME O OR NSII 625	F HOSPITAL (If not in TUTION ROAD	haspital, giv	ve street ad	dress)			York	Road					FARM?
3. NAME OF	nl)	First LOUISI		BECCA	Middle PARKS		Lasi	4. DATE OF DEATH	Apri	nth 6,	1960		Year 19
5 SEX	6. COLOR	OR RACE	7. MARRIED	D NEVER	MARRIED 🚾	B DATE OF B	URTH	1	9. AGE (In years			IF UNDE	
Female	Whit		WIDOWED		VORCED [March 1	1, 1869		last birthday) 91 yrs	- Months	Days	Haurs	Min
during ma	CUPATION (Give kir st of working life, eve employed	d of work do in if retired)		ND OF BUSIN	NESS OR IND		HPLACE (State	ar foreign co	untry)	12.CI	TIZEN OF	WHATC	OUNTRY
13. FATHER'S N	IAME					14. MOTH	ER'S MAIDEN N	IAME					
Samu	el E. Parl	83				Ma	ortha Le	0.0					
15. WAS DECE	ASED EVER IN U. S. A	RMED FORC		CIAL SECUR	ITY NO. 17	NFORMANT			Ad	dress			
No	None			one	F	amily	Records						
gave ri cause (a) lying cau	ans, if any, which se to immediate , stating the <u>under-</u> use last.	(b)_ DUE TO (c)_ CANT COND	DITIONS COI	NTRIBUTING	SC/ST	T NOT RELATED	O TO THE TERMI	NAL DISEASE	CONDITION G	VEN IN PA	ART 1(a) 1	9. WAS A	AUTOPSY
CATION												YES	NO [
OR CONTE	DENT WAS UNDERLY RIBUTING CAUSE NOTIFY MEDICAL E	OF DEATH	20b. DESCRI	IBE HOW IN.	JURY OCCURR	ED (Enter natu	re of injury in l	Part I or Part	(1 of item 18.)				
	OF INJURY Manth, a. m. p. m.	Day, Year	While at wark	URY OCCURR Nat while at wark	1 2		RY (Home, form rffice bldg., etc.		ar town)		(Caunty)		(State
saw the	tify that (I) (this deceased alive	A	4 4					57 , ta_(M, fram (ife causes a			at (I) (s	above
22a SIGN	usener (1	1	11.	4	M D PHYS	DI DI	RECTOR D	STAFF PHYS.	H.	4	- 7-6	SIGNE
23a BUR AL, C REMOVAL BUR	REMATION 236 D	TE THEREOF	1960		of CEMETERY	OR CREMATOR	. 1/	1	ION (City town, n, Mary)		912	(State	* [14] •)
			1700			T) OBIN	tery				TO BE LATE	D.F.	
	irector's signatu Burns [†] Sor		wsen,	ADDRESS Maryl				D BY REGISTI PR 1 1 '6		STRAR'S S			

TO HOSPI CARTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be do by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death.

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7		ı	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
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h: Page 4		1.	PLACE OF DEATH COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence of STATE Maryland b. COUNTY b. COU		sion)
ber of			b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	ive nearest low	n)
ofter de the fun should	0 2 1	L	Rural Towson Xural Towson d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS	1	
s offe by the d 2 sho	C 7 1	L	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Glenarm Road Glenarm Road Glenarm Road		FARM?
filled of	7.4		NAME OF DECEASED (Type or print) Sister Mary Amatora Preufer (Type	- 1	Yeor 1060
ithin 2 sly fille Pages		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED W B. DATE OF BIRTH 9. AGE (In years [IF UNDER]	YEAR IF UND	17
3 2		L	TOMORED SHOKED STOKED	Days Hours	Min
com pope		100	during most of working (ite, even if retired)	S.A.	COUNTRY?
. 50.		13.	I. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
rificate { physician emave car	-	L	Henry Pfeufer Gertrude Steigerwald		
	- 1		is, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (et. no. or unknown) (If yes, give wor or dates of service)		
2 10 2				Cliff,	
TO # 0.15		П	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY.	INTERVAL BE	TWEEN
of the of Then	7		Pulmonary edema Due to		
± 6			Conditions if one which		
quires the signed by permit.	1		gove rise to immediate couse (a), stating the <u>under</u> .		
w re icior een onsi		Z		1(a) 19. WAS	AUTOPSY
phys cas b ial-tr	₹,	CATION		PERFO	RMED?
AN: Ti anding icate h ine bur or rem	д	CERTIFI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CO		
PHYSICI lal ar oth this certil r use as		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. 19 While Not while of work at work (Co	ounty)	(Stole)
NDING e haspi : After ched fo urial, c			21. I certify that I attended the deceased from Jan. 10 , 19 56, to April , 1960 that I lo alive an April 19 , 1960 , and that death occurred at 6.454. M, from the causes and on the	ast saw the	deceased
R ATTE			ACTUAL SIGNATURE / LULL - / L. A. T. T. T. L. T. L. M.D. 7501 York Road Towson 4, Md	D/	ATE SIGNED
RAE DI should			PHYSICIAN'S NAME (Type) Charles F. O'Donnell M.D.		
moy be O FUNERA pogs 3 sh	•	220	BURIAL, GREMATION, 27b. DATE THEREOF 27c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, townsor causely) -	md (5101	e)
VS A15 (4) 15M 10/57		23.	FUNDRAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS SIGNATURE & ADDRESS ADDRESS SIGNATURE & PR 27 '60 Parties & ADDRESS ADDRESS SIGNATURE & ADDRESS ADDRESS SIGNATURE & ADDRESS ADDRESS SIGNATURE & ADDRESS A	MATURE	
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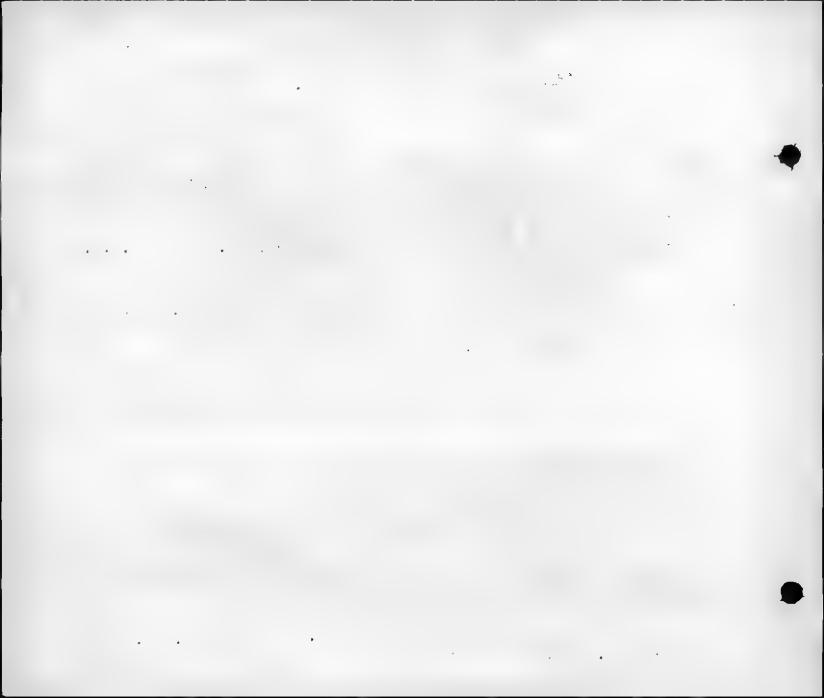
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4	329	CERTIFICATE	OF DEATH
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Ren. Dist. No.

04268

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1 PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2 USUAL RESIDENCE O. STATE	E (Where deceased live		dence before odmission)
RURAL and give n	Owings Mill		II .	(If autside carporate I		nd give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, give street 9 Kingsley	address)	d. STREET ADDRE	ss ingsley		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First FRANK	PICHA	Lost	4. DATE	Month pril 23	Day Year
s. sex	6. COLOR OR RACE 7 MAR		8 DATE OF BIRTH 6/20/189	9. Ac		DER 1 YEAR IF UNDER 24 HRS
Oo. USUAL OCCUPATION	ON (Give kind of work done 10b		ISTRY 11 BIRTHPLACE () 12.	CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	Charle District		14. MOTHER'S MAIL	DEN NAME		
	Frank Picha			a Barborl		
Yes, no. or unknown)	R IN U. S. ARMED FORCES? 16		informant Sanotte F	lamma a b. Dd	Address	
Conditions, if a gave rise to i couse (a), stating lying couse last. PART II. OTH	mmediate (CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE I	TERMINAL DISEASE CON	NDITION GIVEN IN F	PERFORMED?
J (IF EITHER, NOTIFY	S UNDERLYING 20b DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injui	y in Part I or Part II of	item 18.)	YES NO NO
20c. TIME OF INJUR Hour o. m. p. m.	While		ACE OF INJURY (Home, clary, street, office bldg	form, 20f. (City or to	wn)	(County) (State)
21. I certify the alive an	of lottended the deceonal 23 19	sed from Gral	, 19.60, to occurred of 7. 2 MD. 11904 Ke		couses and or	I last saw the decease the dote stated above DATE SIGNI
	N, 226. DATE THEREOF	22c NAME OF CEMETERY OF Holy Redee		22d LOCATION (City, town, or count	y) (Stole)
Charles	Schimunek l			REC'D BY REGISTRAR	246 REGISTRAR'S	SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	_	or institution	(Rura:		address)		} d STR	EET ADD	RESS					Ī		FARM?
	E	NAME OF DECEASED (Type or print)		irst FRED	ROBERT	Middle POPP		Lasi		4. DATE OF DEATH		Apri]		Da	у	Year 19 60
		Mal•	6. COLOR OR RACE White	WIDOW	[22	VORCED 🔲	June	18,				in years athdoy) yrs.	Months	Days	Hours	R 24 HRS Min.
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		PART I. DEAT Conditions, if an gove rise to im couse (o), stating to lying couse lost.	mediate DUE TO	· 7.		STIVE ON IA		<u> </u>	7 2	BLA	5ĸ l		E	ONS	1 D	AY
	CERTIFICATION	PART II OTHI 200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	206 DES		FERIO	SCL	200	351E	}			EN IN PA	RT 1(o) 1	9. WAS PERFO YES	AUTOPSY RMED? NO
	MEDICAL	20c. TIME OF INJURY Hour o. m p m	Month, Day, Ye	ear 20d. I While of wor		£-	ACE OF INI ctary, street				ar town)		((County)		(State
		21 1 certify that saw the decease	U.	al) attend	-	eased fram		urred o	- 246	eO to . M, fram	the car				stated	
41		22a. SIGNATURE	\wedge		V	01.	ATTE	NDING .	ME	D	STAFF		1	/A	22	SIGNE
		22c PHYSICIAN'S	ald E	ی.رد	70.00	MI	M.D. PHYS	ADDRESS		ECTOR .	STAFF		7-	107	ںء	
	230	22c PHYSICIAN'S NAME TYPE NAME TYPE BURIA TOREMAT ON HAME THE (Specify)	SALD (0. W	0 MeAwado 7000 7000人	MD	22d.	ADDRESS Du C	DUV	Y-EV.	Rii	OC Mass	RD	-L.W	(State	ار المان (ه

after death. Pager TO HOSP IN ATTENDING INVICION: The law requires that the death certificate be executed within 24 giver death. Parmy be so by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-dweepage 3 should be detached for use as the burial transif permit. Then please remaye carbon papers. Pages 1 and 2 should be filled the State Board of Realth prior is luvial, cremation, or remitting in any eyept within 72 haurs after death.

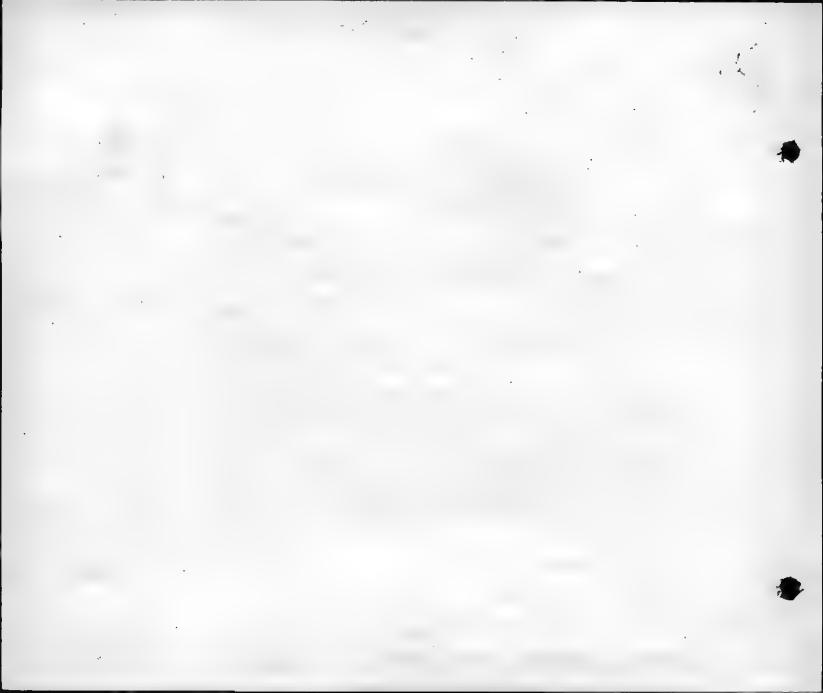
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complet and physicia attending p edse ā ned 6

TO HOSPI may be remaid by the has TO FUNERAL DIRECTOR: After

VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Eiled Filed b. COUNTY b. COUNTY MARYLAND eath. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) should RANGIL 10WA d. NAME OF HOSPITAL [If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 0 305 305 LAAKUS | NO TA NAME OF First Middle 4. DATE Month Day Year DECEASED (Type ar print) PRIL DEATH 19 60 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF SIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF, BUSINESS OR INDUSTRY 12. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician UON HOWARD mave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address WINDSOR 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) **DUE TO** Š permit. Conditions, if any, which (b) gued gove rise to immediate **DUE TO** cause (o), stating the underlying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🗔 NO [20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) Hour a. ft. factory, street, affice bldg., etc.) While Not while p. m. at work of work 21. I certify that I attended the deceased from OQ that I last saw the deceased and that death accurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) es 220. BURIAL, CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAR APR 2 8 60 Chillian d. VS A15 (4) DATE



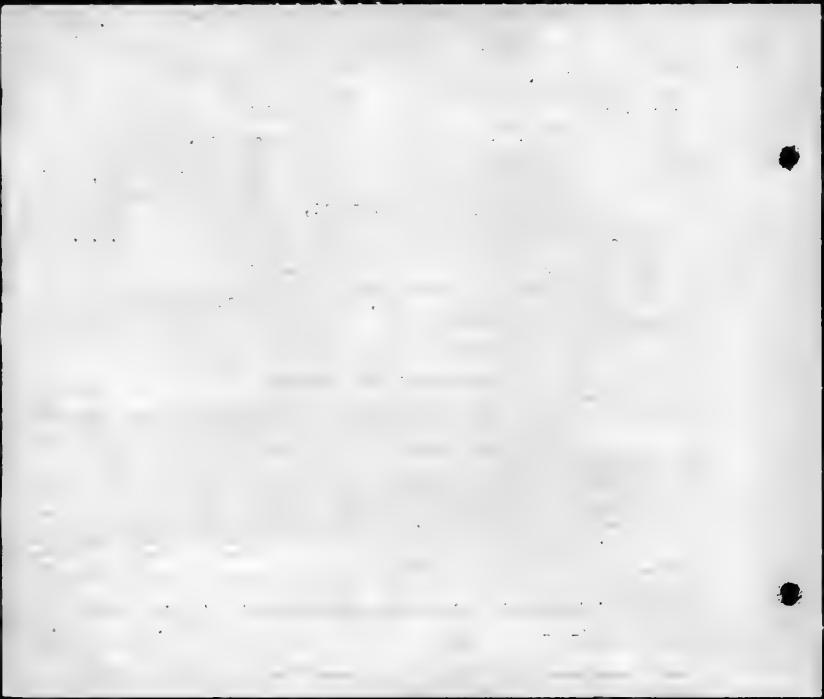
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Reg. Dist. No.

						The second secon					
	1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
0	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give to 17 Melrose	· ·	/d STREET ADDRESS 17 Melroage Ave. e. IS RESIDENCE ON A FARM? YES NO							
	3. NAME OF DECEASED (Type or print)	Cora Fint	Middle	Rheubottom	4. DATE MACOF DEATH APTIL	24,	1960				
	s. sex Female	Colored wi		S DATE OF BIRTH July 13,188		Manibs Days Hours					
	Domes ti	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHA	T COUNTRY:				
	I3. FATHER'S NAME Charle	es Bond		14. MOTHER'S MAIDEN I							
١	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yet, give war or dates of service)		informant r. Thomas R		dress rose Ave					
	Conditions, if o gove rise to i cause (a), stating lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO The winder (c) The winder (c)	per line far (o). (b). and (c).] Mitral Insu Hypertensive—a	rterio-scle			Dave				
	5	Hypert	ONS CONTRIBUTING TO DEATH BU PODHIC Arthri DESCRIBE HOW INJURY OCCURR	tis		PERFO	AUTOPSY DRMED? NO 📆				
	20c. TIME OF INJUR Hour e. n. p. m.	Y Manth, Day, Year 2	Voil : NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form actory, street, office bldg., etc	20f. (City or lawn)	(County)	(State)				
	21. I certify the clive on An Actual SIGNATURE PHYSICIAN'S NAME (Type)		aloney Mit.	M.D. <u>57 Win</u>	Dr 24th, 1960 AM, from the couses ADDRESS (Street, city or fown ters Lane 11e, 28, Md	and an the date state, state) b 4/25/					
	BURIAL CREMATION REMOVAL (Specify) Burial	4-27-60	Western St	OR CREMATORY	22d LOCATION (City, lawn, Catonsville	or county) (Sia	d.				
	1 1 To the section	S SIGNATURE	ADDRESS STE	240. REC' DATE A	00.0.00	ISTRAR'S SIGNATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The last state that the destriction be executed within the hours after death. Page a may be death the hospital or attending physician.

TO FUNER METHER STATE After this certificate has been signed by the attending physician and completely filled 1st by the funeral director page 3 should be detached for use as the burial-transit permit. Then please move marbon papers. Rages 1 and 2 shalled be filled the registrar prior to burial, are mayor, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

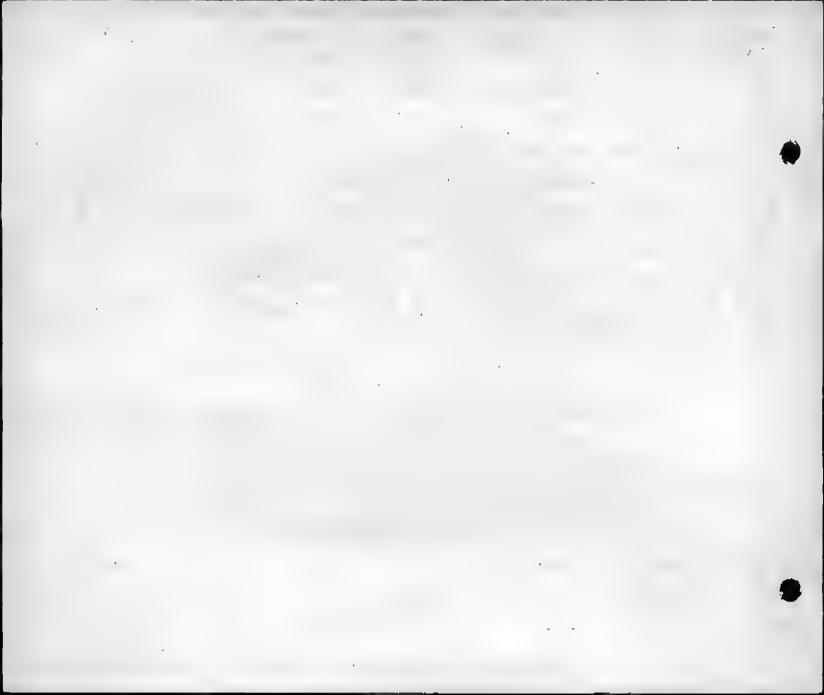
4219 CERTIFICATE OF DEATH

114215

		Reg. Dist. 140,
	1. PLACE OF DEATH O. COUNTY BAITIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Ba MIMPRE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital) give street address) OR INSTITUTION 124 AVENUE CLA 4000	d STREET ADDRESS 124 A VOND ROCK RCC ON A FARMS YES NO TO
	3. NAME OF DECEASED (Type or print) 1 10 4d RICHARD	RODINSON DEATH APRIL 24 1960
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR OF UNDER 24 HRS ISS DOYS Hours Min Hours Min Hours Hours Min Hours Ho
	100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDO during most of working life, even if retired)	STRY AL BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY MARYLOND 1. S.
	13. FATHER'S NAME HEALDH N. ROLINSON	POCE BOWN
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give was or dates of service)	WAS Brown 124 Aven board Ad Sund Ho
4	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), PND UMON (Q)	INTERVAL BETWEEN ONSET AND DEATH
2.1	Conditions, if ony, which) By UREMICA	3days
	gove rise to immediate DUETO	umor 148
179	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl Mour a.m. 19 While Not while for work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
,	21. I certify that I attended the deceased from Arakental alive an Arakental 34, 1960, and that death	3, 1959, to April 24, 1960, that I last saw the deceased accurred at 1031 M, from the causes and on the date stated above
	SIGNATURE Stelliam C. Stade	M.D. 140 Oats AVE. Dundalk 22 mol.
	PHYSICIAN'S VVIII am C. Wade MID	April 24, 1960
	220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C BUILTA Spenify 4-28-60 Baltimore	(state)
	23 FURTERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
1	Walles S. Jaw 802 Madison	Ave. DATE APR 27'60 Cuthun S. Kraus

& ofter death. Page 4 may be Lead by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 TIGSOH OT VS A15 (4) 15M 10/57



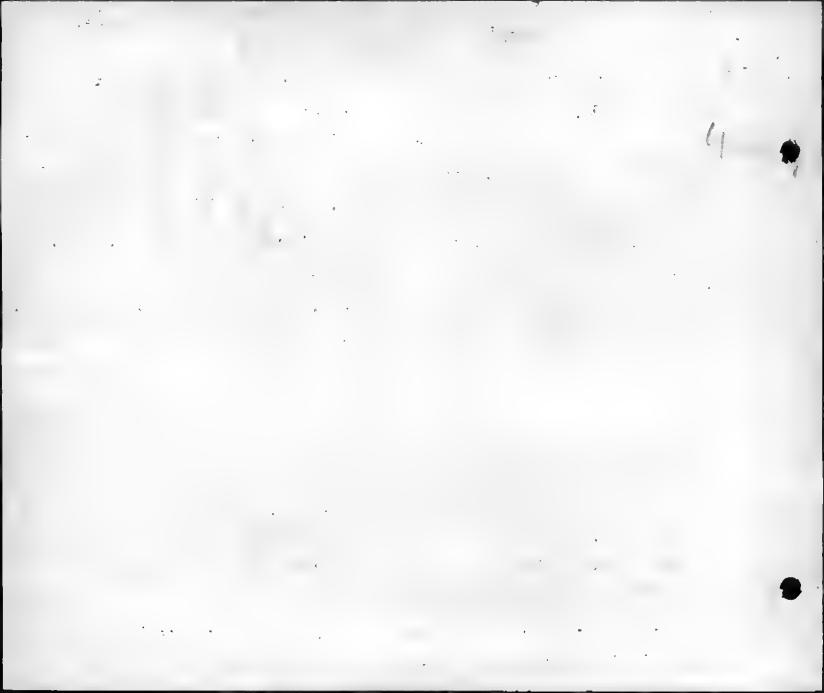
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VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

42271 **CERTIFICATE OF DEATH**

-									Keg. Dist. 14	191
	PLACE OF DEATH a. COUNTY	altimore		MARYLAND	O STATE	Md.	ere deceased lived b	If institution COUNTY		fare odmission)
	RURAL and give ne	outside corporate limit prest tawn) 312y	s, write	c. LENGTH OF STAY IN 16	5/Rela		utside corporate lin	nits, write RU	RAL and give n	nearest tawn)
	d NAME OF HOSPITA OR INSTITUTION	1725 Arl		on Aveneu	/ d. STREET A		ington	Avenu	.e	e. IS RESIDENCE ON A FARM? YES NO ON
l I	NAME OF DECEASED (Type or print)		y W.	Routenberg	Las		4. DATE OF DEATH	Apr	1.) Yeor
S. :	male	- 4 4 4	7. MARRIE	D MEVER MARRIED DIVORCED	Peb. 2			4 3 48 4 3	F UNDER 1 YEA Manths Days	AR IF UNDER 24 HRS Haurs Min
	retired	N (Give kind of work ding life, even if retired)		IND OF BUSINESS OR INDI	ustry in birthpl M1ch	ACE (Stote o	or foreign country)			S. A.
13.	FATHER'S NAME			***	14. MOTHER'S		IAME			
	Unknown				Unkr	lown				
15		IN U. S. ARMED FORCE		OCIAL SECURITY NO.	INFORMANT			Addre	55	
1 1	no	790, 9179 1191 50 50 50 50		one Be	ertha E.	Rou	tenberg	1725	Arlir	ngton Ave
CERTIFICATION	Conditions, if an gave rise to in cause (a), stating tying cause lost. PART II. OTH	y, which he under DUE TO (c). ER SIGNIFICANT COND	PITIONS <u>CO</u>	Coronary L					N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO W
	(IF EITHER, NOTIFY I	CAUSE OF DEATH		URY OCCURRED 20e. F	LACE OF INJURY (Hame, farm	, 20f (City or taw		(Caunt	y) (State)
MEDICAL	Haur a.m, p.m.	19	While of work	Nat while of wark	actory, street, affice				`	
	21. I certify the alive an	at I attended the Uprol 14 Thurs True J. J. NO.	deceased , 19 <u>sec</u>	2, and that deat	h accurred at	(; 30A	M, fram the c ADDRESS (Street, ci	auses and	on the da	aw the deceased the stated above. DATE SIGNED
220	BURIAL, CREMAT OF REMOVAL (Specify) Burial	4/16/60)	22c. NAME OF CEMETERY WOOdlawn	or crematory Cemeter	U	22d LOCATION (CO.,		(Stote)
23.	FUNERAL DIRECTOR'S			ADDRESS		24a. REC'I		24b. REGIST	RAR'S SIGNAT	TURE
	Howard H.	Hubbard	4107	7 Wilkens		DATE AP	育 1 8 '60	ant	lug & the	ane.A



the registrar within T2 hours aft in by the funeral director, the

TO ATTEMBRIE HHYSTELAH OR HOSPITAL The law requires that the death certificate III.

The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a flurial transit permit. NSTRUCTIONS

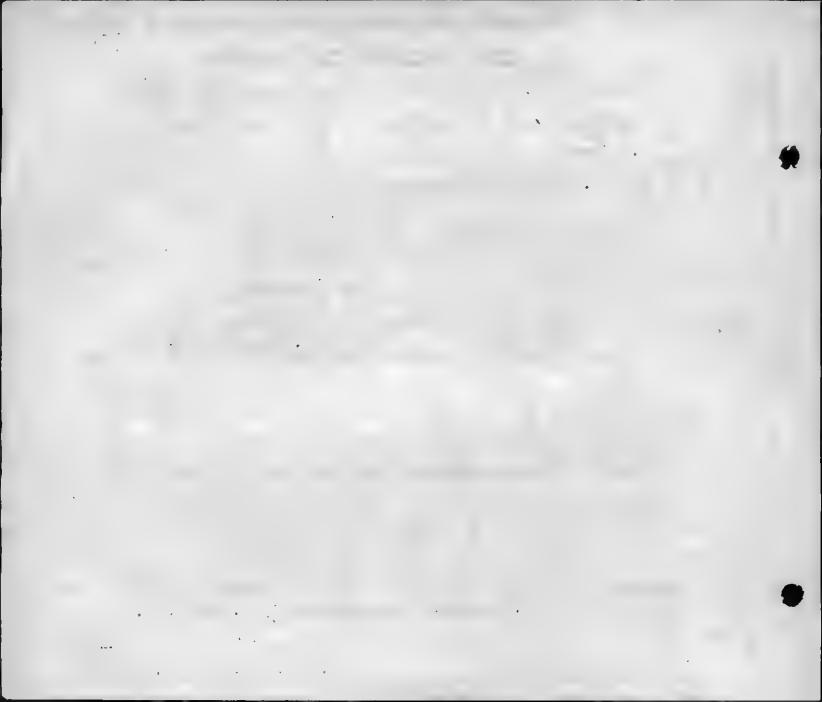
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

4335

Reg. Dist. No...32.....

- 1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
H	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Carroll,				
-1	CITY (II outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)				
	OR and give naerest town) TOWN - (in this place)	TOWN Tinks burg				
	TOWN Mt. Wilson					
	HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)				
1	STREET ADDRESS Mt. Wilson State Hospital	ADDRESS KID, III.				
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)				
н	DECEASED HASEL MILLARET	9F				
	(Type or Print) 11+2 EU12HDE1H	SCHALLER DEATH APVIL 25 , 60				
-1	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS				
- 1	F RACE WIDOWED, DIVORCED, May	5 1892 17 Months Days Hours Min.				
ŀ	10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS /	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT				
-1	done during most of working life, even it OR INDUSTRY	COUNTRY				
_ 1	retired) Housewife	New Orleans La, D.C.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
- 1	JOHN HUTH	ROSE HERR				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.					
		17. INFORMANT & ADDRESS Hospital Records				
ч	Nes, no, or unk.) (Il Yes, give wer or deles of service) 104-09-5264	Mt. Wilson State Hospital				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN				
	I DISEASES OR COMMITONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
	OO DIX IMMEDIATE CAUSE (A) LINEEST WE	Carolae failure. 41/8/60				
	ANTECEDENT CAUSE(S) DUE TO	1. 2.1 (. 00 11 /-				
	DISEASES OR CONDITIONS, IF ANY, (B)	of prosisk imphyseme lill				
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	7 7 1				
	(c) Thinoney	1 1hth culon 2 4/25/60				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING DEATH,					
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
ys.		YES 📉 NO				
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, lectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)					
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e INJURY OCCURRED	21f. HOW DID INJURY OCCUR?				
	M, stwork stwork					
	2011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1 260 1 200 10				
/ I		5, 19.60., to 4.25., 19.60., that I last saw the deceased				
	alive on	it. 6.1.1.5 (M, from the causes and on the date stated above.				
8	SIGNATURE '	ADDRESS (Street, city, lown, stele) DATE SIGNED				
	Willwarmen Wm. Newcomer. M.DSur	Derintendent, Mt. Wilson Md				
-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	cerintendent, Mt. Wilson Md. (State)				
25	CREMATION 4-27-60 Green Mou					
×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE					
>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
	DATE APR 28'60 Circling S. Kraus	Wm. Cook, Inc., 1217 St. Paul Street				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 122C

s after death Page 4

1

TO HOSPICATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to give death. Page 4 may be a per death by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremotion, ar remayal, and in any event, within 72 hours after death

VR A15 (4) ISM 9/59

04277

	3000		T		
DEACE OF DEATH	-	MARYLAND	o. STATE	nere deceased lived. If mstitu b, COUNT	tion Residence before admission)
Balte		-	Md.		A. A.
B. CITY OR TOWN () RURAL ond give, the	f autside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)
	varn -4		Bay R	idge	43K. J.
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	t oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7603 Ki	nollwood Rd.		101 F	arragut Rd.	YES NO
3. NAME OF	First	Middle	Lost	4. DATE Mo	onth Day Year
(Type or print)	L.	DULCIE	SCHLEY	OF DEATH	April 29, 1960
S. SEX	6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years lost birthday)	
female	white widow	VED DIVORCED	Apr. 14, 188		Transfer out to the transf
10a, USUAL OCCUPATIO	N (Give kind of work done 10)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Homemaker	ing life, even if retired)		Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
Reverty Bro	o t m i to cr		Camah	The males and	
		S. SOCIAL SECURITY NO. 17 II	NFORMANT	E. Purdum	dress
	(If yes, give war or dates of service)				
			Mr. J. W. Sch.	ley - City Mar	cket, Annapolis, Md.
	TH [Enter only one couse per	line for (a), (b), and (c).]	1 1 -	(n	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Boronan of	primbon	1. Klane	ourhal
	DUE TO	~ 1	0 4. 1	1 1	, , , , , ,
Conditions, if o	ny which \ 5/	internal.	ellander H	earl Hises	-1, 5 cm.
gove rise to i	mmediale	NVWVVV · O	cunus It	Co- 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	20. 55.
couse (o), stoting	the under-				
lying couse lost.) (c)				
PART II. OTH VOID TO THE CONTRIBUTION OF CONT	TER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART I(o) 19 WAS ALTOPSY PERFORMED?
<u> </u>					YES NO (4
E 200 ACCIDENT WA	AS UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port 11 of item 18.)	
U (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				
		f.	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County) (Stote)
Hour om, p. m.	19 Whit	e Not while ork Ot work	ciory, siresi, ornice blog., elc	1	
			mr. 15 10	La Garil 2	9 10/12 4-18 1- 11
	11.	ided the deceosed fram	" Ilive	10 0 Km-1 2	7_, 1953.0, that (1) (via) last
saw the deceos	sed alive on 3/17	2.1.19(50), and that a	death occurred of(232	M, from the couses of	and on the date stated above 22b DATE
220 S GINATURE	11.		ATTENDINGM	ED STAFF	SIGNED
Can o	· manver			RECTOR PHYS	7-30/60
22c PHYSICIAN'S NAME (Type)			22d. ADDRESS	+ U 1	IFIC WES
DR.	EARL-L-CH	HAMBERS	4/00.4	IBERTY- H	GIGHTS- HUE
230 BURIAL, CREMATIC		23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town	, or county) (State)
REMOVAL (Specify) Rurial	5/2/60	Woodlawn, C	em.	Woodlawn.	Md.
24 ENDERAL DIRECTOR	S SIGNATURE /	ADDRESS /	7 1		GISTRAR'S SIGNATURE
May y.	1/11/20ver	T Sous - Wir	DATE M	Y 2 '60 C	William S. Kraus
4		77	1118		
√			· WY		



04278

IS RESIDENCE

ON A FARM? YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES INO I

> > (State)

Day

Days

TISA

(County)

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH a COUNTY Baltimore ° Maryland **b** COUNTY MARYLAND CITY OR TOWN (If gyrside corporate limits, write RURAL and give nearest fown) Pike SVIIIe b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL of give policy own d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS or Foxfeigh Nursing Home 8300 Marcia Drive NAME OF Toney Middle 4. DATE Month Schloss DECEASED April DEATH 21,1960 (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last buthyloy) Manths I July 10,1882 white male WIDOWED [DIVORCED | 10a USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (Stote or foreign country)

Baltimore, M 12 CITIZEN OF WHAT COUNTRY? Baltimore, Md. 14. MOTHER'S MAIDEN NAME Sophia Schlufsky 13. FATHER'S NAME Abraham Schloss IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Jerry Schloss- 8300 Marcia Drive CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18)

20c TIME OF INJURY Month, Hour om. 21 | certify that (1) (this hospital attended the deceased from ...

211960, and that death accurred of G.H.M., from the dauses and on the date stated above sow the deceased alive an 22a SIGNATURE

While

20d. INJURY OCCURRED

Not while at wark at work

Day, Year

Mellists

ATTENDING PHYS M.D. 22d. ADDRESS

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

DATE

factory, street, office bldg., etc.)

DIRECTOR PHYS

(State)

22h DATE SIGNED

DATE THEREO! 23a, BURIAL CREMATION

23c NAME OF CEMETERY OR CREMATORY Hebrew Friendship ADDRESS

23d. LOCATION (City, lawn, or county) Baltimore, Maryland

256 REGISTRAR'S SIGNATURE

19_ (1) (we) last

24 FUNERAL DIRECTOR'S SIGNATURE

22c PHYSICIAN'S

MAME SType)

Levinson & Bros. Inc. 6010 Reist. Rd.

25a. REC'D BY REGISTRAR

FUNERAL DIRECTOR: After this certificate age 3 should be detached for use as the bu detached for Health prior i e o poge 0 VR A1S (4) 15M 9/59

director

Funeral

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after death

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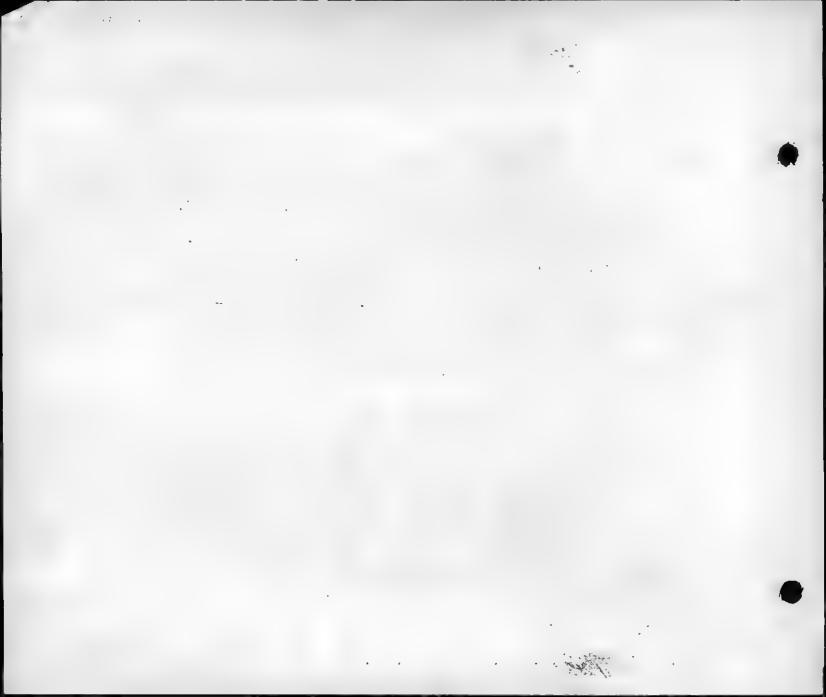
remayal, permit.

carl

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requires that the death certificate be

ofter death. Poge



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any datay is necessary, please executed within 24 hours ofter death. If any datay is necessary, please executed within 24 hours often the control of the funer potent. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your rives.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. Elegoges I and 2 with the registrar prior to burial, cremation, or removal. 10.7

VS. AISME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4338 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
	BALTO. MARYLAND	o. STATE D. COUNTY 3	
	b. CITY OR TOWN (If outside corporate kimits, write RURAL and give nearest form)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS.	CF.
	117 Nu MARLYN AYEBalte 21	357 Cherle ave, (21) VES NO	V/2
	NAME OF DECEASED (Type or print) JOHN 'SCHNE)	OFR DEATH APR 24 1940	2
5. 5	SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	061	
	WHITE WHITE WIDOWED DIVORCED	4-23-76 84 yrs. Months Days Hours Min.	
100	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST furing most of working life, even if retired) CARPENTER	RY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT 12. C. L. S. O. C.	RY?
13.	FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
	- SCHNEIDER	7	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 117, W	FORMANT Address	
[Y ==	, no, or unknown) [If yes, give wor or dates of service]	Ennie Junghbut 117 M. Marlyn a	erf
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERNME BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: Son Ciril Zo	arteno. VC/EL. Zoyea	1-
	DUE TO O		
	Conditions, if any, which) (b) Exergificance		
	gove rise to immediate couse OUE TO		
	couse lost. (c)		
CATION	PARTY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Si lakeral curles I ese,	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO D	
CERTIFIC		nter nature of injury in Part I or Part II of Item 18)	_
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 1 20f. (City or town) (County) (State	- >
MEDICAL	Hour a.m. While Not while at work at work	ry, street, office bldg., etc.)	',
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🔄 Inquiry 🔍 and find th	hat
	death resulted from: Natural causes 3. Accident . Suid	cide, Homicide, Undetermined cause	
	SIGNATURE Jack Collins	_M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER'S DO DU	ASSISTANT MEDICAL EXAMINER	
	NAME (Type) It CIC (COLLINS	DEPUTY MEDICAL EXAMINER 2 4-25-6	0
220	BUR AL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Spec Fy) 4-27-60 OAK LA	CREMATORY 22d LOCATION (City, town, or county) (Slote)	
23.	FUNERAL DIRECTOR'S ASGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	_
_	John G. Connelly 418 Eastern	Bled, DATE APR 26'60 arthur S. Kruns	
1			



CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

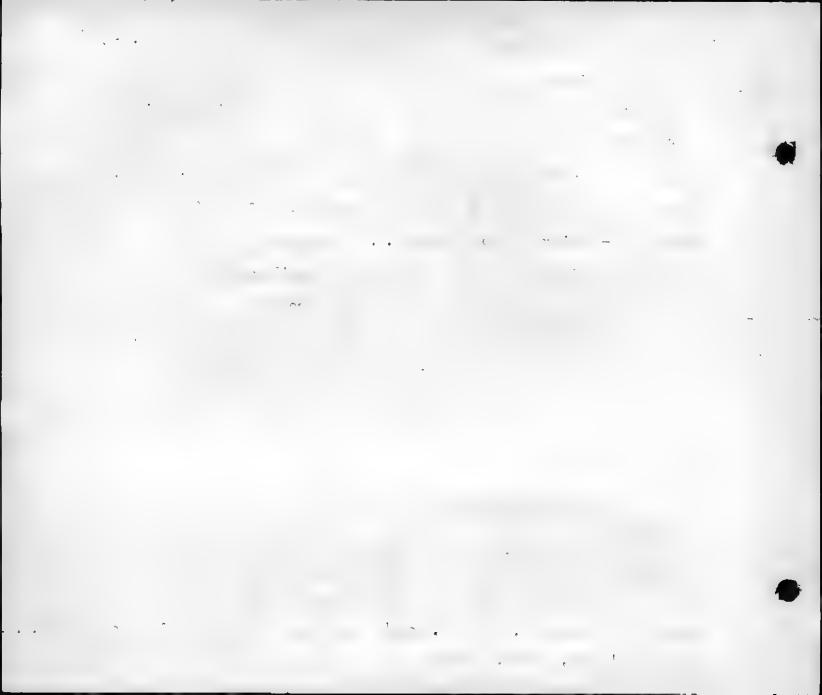
EARCH AND RECORDS - BALTIMORE 1, MARYLAND	- 64280
FICATE OF DEATH	0.710.011

7 PLACE OF DEATH G. COUNTY	Baltimore		MARYLAND	2. USUAL RESID a. STATE	Now		lived. If institution b. COUNTY	on: Residence	before admir	sion)
b. CITY OR TOWN RURAL and give TOWBON	(If autside carporate limi nearest tawn)	ils, write	c. LENGTH OF STAY IN 1b		•	· ·	ite limits, write RI Lchmond 1	_	e nearest taw	m)
d. NAME OF HOSP OR INSTITUTION COOL NUTE	sing Home	give street o	address)	d. STREET AL	DRESS		69	x-3	ON	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	JOSEPH	rst	Middle SCHREIBE	R Last		4. DATE OF DEATH	Apr	11 19,	Day	Year 19 6 0
5. SEX	6. COLOR OR RACE	7 MARRI WIDOWE	D DIVORCED	B. DATE OF BIRTH October 1	_		P. AGE (In years last pirthday) 76 yrs		YEAR IF UND ays Hours	7
Steamfitter	rking life, even if retired	1)	ong Island R.R	. New	York		intry)	12. CITIZE	USA	COUNTRY
13 FATHER'S NAME				14 MOTHER'S						
Charles S	SCHTE1DET PER IN U. S. ARMED FOR	CES? 16. 9	SOCIAL SECURITY NO. 17	AD]	gall	Spline	Addi	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of a	service)		Family re	hron	-				
gave rise to cause (a), stating lying cause last	Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last (b) (b) (c) 1216 (c) 1216 (d) 1216 (e) 1216 (f) 1216 (f) 1216 (f) 1216 (g) 1216 (h) 1216 (h)									
PART II O	THER SIGNIFICANT CON	IDIT ONS <u>C</u>	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE PERM	IINAL DISEASE	CONDITION GIV	EN IN PART I	PERF	AUTOPSY ORMED? NO [7]
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OCCURRE	ED. (Enter nature of	injury (n	Part I ar Part	II of item 18)			
20c TIME OF INJU	10	While		LACE OF INJURY IF interpretation of the second seco			or fown)	(Co	unty)	(State
	4-1	l) attend	ed the deceased fram/	7 1	19	10-	13/12:17	/	that (I)	
saw the deced	As Control		70- 11 A	M.D. PHYS ATTENDING PHYS 226 ADDRE	12 - N	M, fram t	STAFF PHYS	d an the		d abave
NAME (Type)	ON. 23b DATE THERES	SF	23c. NAME OF CEMETERY C	DR CREMATORY	5/	Tast OCATI	ON (City, town,	K Q	Tres.	/// // ofe)
REMOVAL (Specif	ial April 2	3, 190	O St. John's			Rich	mond Hil	ls, Lo	ng Isl	- '
24, FUNERAL DIRECTO			ADDRESS			D BY REGISTR		STRAR'S SIGN		
John Burns	Sone Tow	gon i	Marvland		DATE O	DP 22 '6	0 0	11 - 9	de la	

TO HOSPITATE DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 that death. Page 4 may be used by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial, cremotion, or remayal, and the state Board of Health priar to burial transitions.

VR A15 (4) 15M 9/59



VS A15 (4) 15M 10/57

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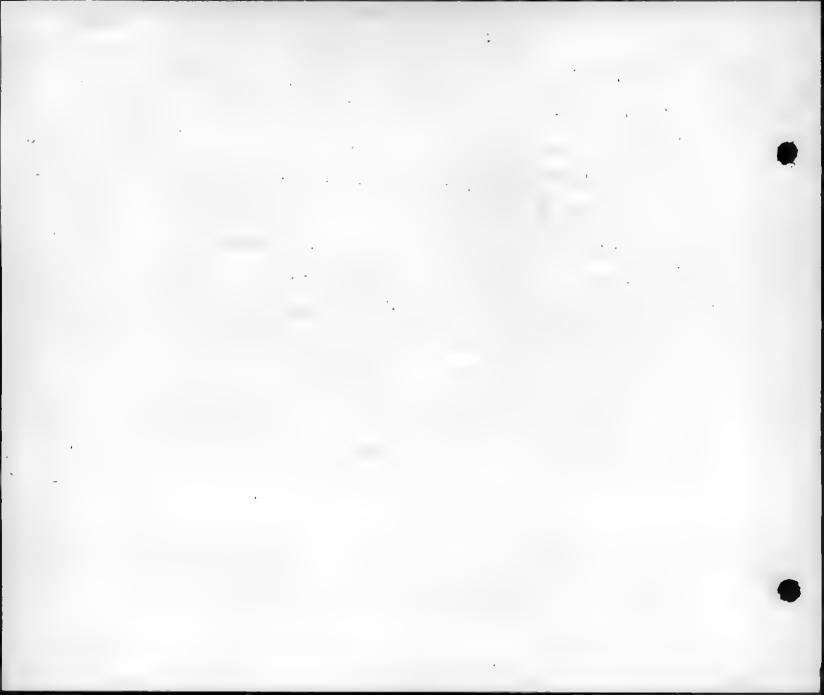
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7	U311				Keg. Dist. No) .
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAN	2. USUAL RES	DENCE (Where dece	ased lived If institution b. COUNT	Baltim	
b CITY OR TOWN (If outside corporate limit RURAL and give nearest lown) Ruxton	ts, write c. LENGTH OF STAY IN 1		TOWN (If outside co	rporole limits, write	RURAL and give ne	earest town)
d NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION 323 Southwind Roa		/323 So	address authwind Ro	oad		e. IS RESIDENCE ON A FARM? YES NO CA
J NAME OF DECEASED (Type or print) Agnes	B e Middle	Seohnlei		Amount 7	23,1960 D	oy Year
Female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Feb.21,	1902	9 AGE (In years last birthday) 58 yrs	Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Housework	done 10b. KIND OF BUSINESS OR IN		LACE (Stole or foreign	country)	U.S.	OF WHAT COUNTRY
David L.Broadfoot			MAIDEN NAME	g		
IS. WAS DECEASED EVER IN U. S. ARMED FOR: (Yes, no. or unknown) (1) yes, gave wor or dates of se		obert L.S	echnlein,		own, Md.	
18. CAUSE OF DEATH [Enter only one co PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE [o] DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under- lying couse lost O PART 11. OTHER SIGNIFICANT CONI	Carona	Dry () Length Author Related To	Dech Ser for Par Sur for THE TERMINAL DISE	Romall ASE CONDITION GI	James 10:	STAND DEATH JOYCH JUYO. 19. WAS ASTOPSY
0	20b. DESCRIBE HOW INJURY OCCUR					YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Yeo Hour o. m. p. m. 19	or 20d, INJURY OCCURRED 20e. While Not while of work 10 of work 11	PLACE OF INJURY foctory, street, offic	Home, farm, 20f. (0 e bldg., etc.)	City or town)	(County)	(State)
21. I certify that Vattended the alive on #1 #5 1 16 ACTUAL SIGNATURE Charles	deceased from Alary, 1960, and that dec	th accurred at	M, fr ADDRESS		and an the da	aw the deceased the stated above DATE SIGNED
PHYSICIAN'S (harles	FO DONN	12.//		oniso	n#4)	nd
	1/60 Druid Ridge		Pi	kesville,	**	(State)
23. FUNERAL DIRECTOR'S SIGNATURE J.F.Eline & Sons, R	ADDRESS leisterstown, Md.		240. REC'D BY REG		STRAR'S SIGNATU	



death



04284

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Balto. Md. Balto. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) utherville Lutherville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO D Norman Ave. 1.507_Norman NAME OF First Middle Last 4. DATE Month Day Year BERNARD T. SHETTIE April 1960 (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. lost birthday) Manths Days Haurs DIVORCED [WIDOWED | white yrs male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Md14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Shettle (unknown Ella R. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Mrs. Miriam M. Shettle-1507 Norman Ave. no CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LETT LUNG. 11705 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc. Haur o m. While Nat while of work p. m. of wark 21 I certify that (I) (this hospital) attended the deceased fram. 10 fraction 1960 to come 11 ... 1960 , that (I) (we) last saw the deceased alive an L-LD 19 b b, and that death accurred at, M, from the causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR . PHYS M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 1841 0 NIGHT 23g BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Moreland Memorial Baltimore. 25a. REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE DAPR 1 4 bu words L. Thrank

director, after death. Pog be filed funerol 20 pup € filled Pages papers. and pan 5 hysicion certificate гетоме offeniling please death Then the é te has been signed by burial-transit permit. physician. attending certificate the ő 0 use ■IRECT■R: After this haspital jo detached

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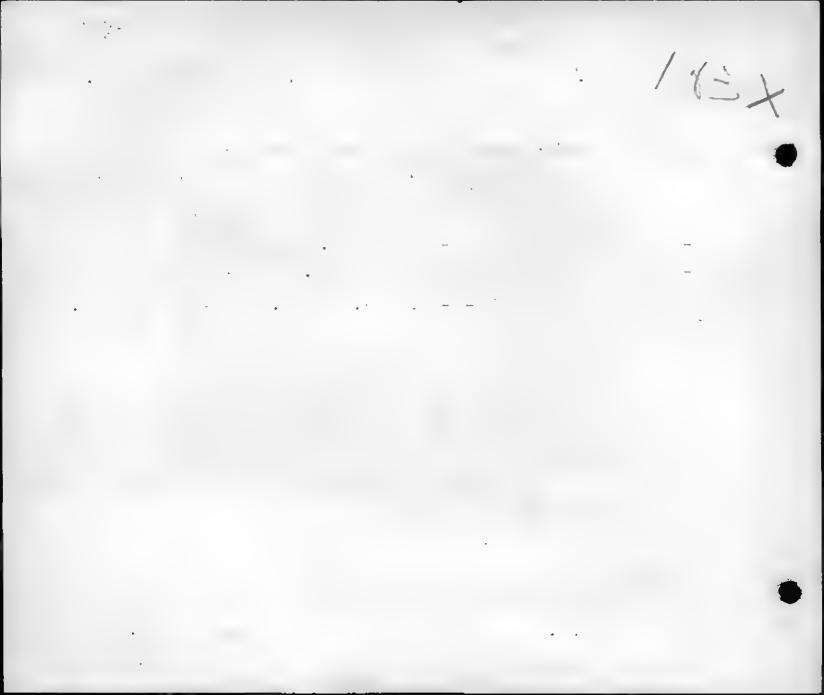
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by the



DATE

V5 A15 (4) 15M 10/57

after death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY ould be executed within 24 hours after death. If a. I ay 's necessary, 'in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Deelth, novel, and in any event within 72 hours after death. e. STATE **b.** COUNTY Baltimore Maryland MARYLAND Baltimore. b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural - Glen Arms Rural - Glen Arms d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO DE Glen Arms Glen Arms Rd. 3. NAME OF First DATE Midd a DECEASED OF (Type or print) DEATH BERNICE FARRIS SIMON 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Hours 1,8 female WIDOWED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewije Arkansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Verna Barnes ohn WAS DECEASED EVER'IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Address (Yes, no, or unkown) (If yes give wer or detas of service) same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (a) **DUE TO** removal. Cor pulmonale Conditions, if any, which "pending" gave rise lo immediale cause (0) Examiner's DUE TO (a), slating the undarlying 92 Scoliosis used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8, 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word all be forwarded to the Chief Medical ENERAL DIRECTOR: Page 3 should be designated agent, prior to burial, cremail NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (Stata) (County) factory, streat, office bldg., etc.) While Not While al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE M D DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty NAME (Type) Address (Streat, c'ty, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or country] (State) PRPMODENT IS PORTY Green Mount 40 Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME DAMPR 1 8 '60 Ruck 5305 Harrord Road #14 arthur & Kraus 5M 7/59





VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND L314 CERTIFICATE OF DEATH

04288

<u> </u>	2039				-18-0
	LACE OF DEATH L. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO STATE	nere deceased lived. If institution f b COUNTY	Residence before admission)
B	CITY OR TOWN (If outside corporate limits, write RURAL and airs recrest town)	c. LENGTH OF STAY IN 16		city	L and give nearest town) 3 Val. 4
	NAME OF HOSPITAL (If not in haspital, give street or NSTITUTION INCOME.) NAME OF HOSPITAL (If not in haspital, give street or NSTITUTION INCOME.)		d STREET ADDRESS 3647 Cooli	dge Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. 1	NAME OF First	Smith Middle	Lost	4. DATE OF April	9/60 ^{Day} Yeor
5 S	emale 6. COLOR OR RACE 7. MARK	The state of the s	Dec. 23, 188	Jost birthdoy) M.	UNDER 1 YEAR IF UNDER 24 HRS onths Doys Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Domestic helper.St.		_1 _	or foreign country)	USA
13.	FATHER'S NAME Hammonds		14. MOTHER'S MAIDEN N		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	John Smit	h,3647 Coolide	GO AVE
VIION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS (c)		NOT RELATED TO THE TERMI		PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of item 18.)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o m. While p.m. 19 of wor	Not while foc	CE OF INJURY (Home, farm lary, street, office bldg., etc.		(County) (Stote)
	21 I certify that (I) (this haspitol) attends saw the deceased alive an APT11 220. SIGNATURE	919_60, and that d	eath accurred 5:4	54 to Apr. 9, from the causes and c	1960, that (I) (we) lost on the dote stated above 22b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Alfred Cole		22d ADDRESS 1.3	36 S. Hilton S	St.
23a	BURIAL CREMATION, 236. DATE THEREOF BURIAL Apr.12/60	23c NAME OF CEMETERY OF Loudon Parl	Cemetery	23d. LOCATION (City, fown, or co	ounty) (Stote)
24 W	funeral director's s gnature itzke Funeral Dir.41(ol Edmondson	AVO. 250 REC'		R'S SIGNATURE

6.664.

ADDRESS

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE pp 2 8 160

24a. REC'D BY REGISTRAR

(County)

64289

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

DISET AND DEATH

Oh

PERFORMED? NO A

DATE SIGNED

(Stote)

(State)

e. IS RESIDENCE ON A FARM? YES NO P

Year

IF UNDER 24 HRS.

1960



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 tem o rilm joi 4/20/00 iwe

CERTIFICATE OF DEATH 4229

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. Mar. **b. COUNTY** MARYLAND CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Halethrop d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS or INSTITUTION 3 Washington Blvd. 4313 Washington Blvd. ON A FARM? YES NO T Middle 4. DATE DEATH APRIL 21, THOMAS SMITH 60 6 COLOR OR RACE 7. MARRIED TNEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years last birthday) 80 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. 10. Months Days Feb. 1880 WIDOWED T DIVORCED T 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY Lunberg Ct. House 14. MOTHER'S MAIDEN NAME Betsy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Benjamin Smith 4313 Washington Blvd. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] ONSET AND DEATH Cerebral Hemorrhage Hypertensive Arterio-sclerosis PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES I NO I 206. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Port II of item 18.] 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Not while at work of work 21. I certify that I attended the deceased from 4-14-60, 19, to 4-21-60, 19, that I last saw the deceased 19_____, and that death accurred a 30_AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 57 Winters Lane G.F. Maloney. M.D Catonsville, 28. Md. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Jawn, or county) (Stote) Balto. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

64291

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY p. STATE b. COUNTY Baltt lore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Paltimore d. NAME OF HOSPITAL (If not in haspital give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? APMLICO TO YES NOT NAME OF First Middle 4. DATE Day Year DECEASED Mahal (Type or print) DEATH Snowisan 19/10 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost_b rthday) Months Days Hours WIDOWED [4] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Home Balto. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Railing Ida Trundle WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH | Enter only one couse per line or (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or Jown) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while p m at work of work 21. I certify that (1) (this hospital) attended the deceased from the 1922, that (I) tweet last and that death occurred at M. from the causes and on the date stated above saw the deceased alive on 3. 220 STOKATURE 22b, DATE ATTENDING MED DIRECTOR SIGNED M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Carrer of 3-7060 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cl. Ilmy S. Krust

after death. Page fumeral ě pluous 26 puo campletely fill≡d popers. puo physician Car remove attending please à been signed **buriol-transit** TO FUNERAL DIRECTOR: After this certificate os the

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With director,

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VR A15 (4) 1SM 9/59

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after death, Page 4

TO FULLERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the State Board at Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: Tile law requires that the death certificate be executed within 24 to by the hospital ar attending physician.

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VR A15 (4) 15M II/59

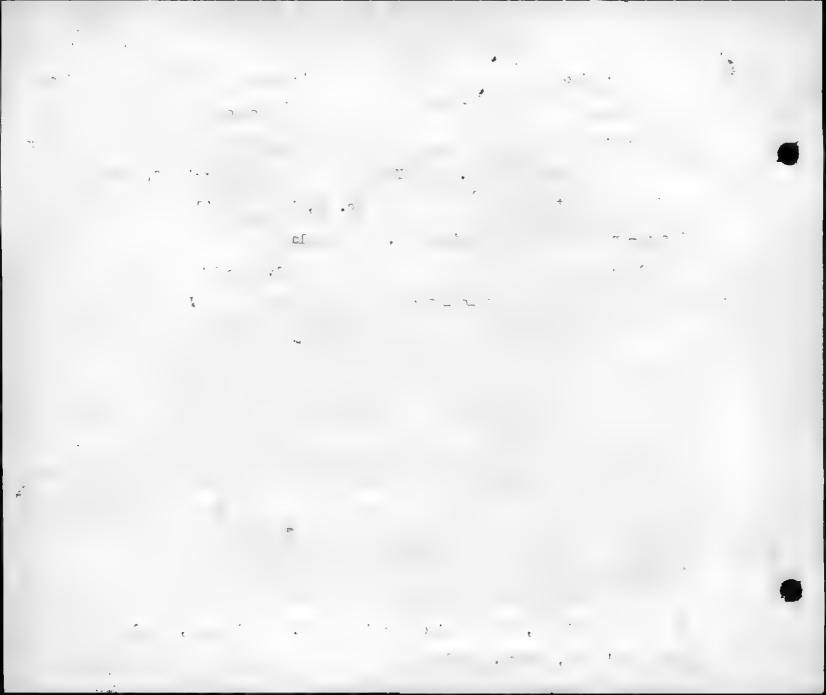
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4347

CERTIFICATE OF DEATH

64292-

1 PLACE OF DEATH o. COUNTY Baltimer	•	MARYLAN	o. STATE	CE (Where deceased aryland	ed lived If instituted b. COUNTY	n: Residence before od Balt	mission)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	rote limits, write	c. LENGTH OF STAY IN	b c. CITY OR TO	WN (If outside corr	porote limits, write RU	JRAL and give nearest t	lown)
Towson		1 Week	50	Tows	en.		
d NAME OF HOSPITAL (If not in ho	spital, give street	oddress)	∦d. STREET ADD			e. IS	RESIDENCE
OR INSTITUTION			7000/ 11	22 1			N A FARM?
Codd Nursing Hom	•		7900 M	ollwood	Read	YES	□ NO 🔽
3. NAME OF	First	Middle	Lost	4. DATE	Mont	h Day	Yeor
DECEASED	ORGE	H. SNEI		OF DEAT			
(Type or print) GB	ORGE	H DMEL	er	DEAT			19
5. SEX 6. COLOR OI	R RACE 7 MARE	RIEDE NEVER MARRIED	B DATE OF BIRTH			IF UNDER TYEAR IF U	NDER 24 HRS
Male Whit	● WIDOW	ED DIVORCED	Dec. 11.	1888	(ast birthday)	Months Days Hou	ırs Min.
10a USJAL OCCUPATION (Give kind of	of work done 10b	KIND OF BUSINESS OR IN	IDUSTRY 11, BIRTHPLAC	E (State or foreign	country)	12. CITIZEN OF WHA	AT COUNTRY?
Salesman— retired	C.	lothing Mfgr.	Maryl	and		USA	
						0022	
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
Elmer Snyder			K	mily Med	calf		
15 WAS DECEASED EVER IN J. S. ARA		SOCIAL SECURITY NO 1	7 INFORMANT		Addr	as C	
(Yes, no, or unknown) (If yes, give war or		SOCIAL SECONITI NO			1	4.,	
Yes WW I	2	16-05-6264	Family Reco	rds	1		
18. CAUSE OF DEATH Enter onli		To for (a) (b) and (a) 1	- /:			LINITERVAL	BETWEEN
	-	110 (0), (u), ond (c).	1/1				ND/DPATH
PART I DEATH WAS CAUS	AUSE (a)	myc n	101/7/	911200	07712	268	Hars
	DUE TO		1	,		7 5	
	DOE TO	_ / ~)	7"_			-	7
Conditions, if ony, which)	(b)	2VdIAC K	10-600	- Rom	allon-	. 9.	() M/
gove rise to immediate	DUE TO	,	//	11			-
cause (a), stating the under-	DOE TO CK	he lease	Hatta	:Vical	-11-	. /00	, /
lying couse lost	(c)	the war	211/67	1050/0y	2//	7200	(P).
PART II. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBLTING TO DEATH	BYT NOT RELATED BY TH	HE FERMINAL DISES	AND MODINESS AND		AS AUTOPSY
Į Š Į			- CC. 11	con i p c		1//	RFORMED?
2						₹ YES	□ NO 🗗
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	G 20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of in	njury in Port I or P	ort II of item 18.)		
OR CONTRIBUTING CAUSE OF	MINER)						
			 PLACE OF INJURY (Hot factory, street, office bit 	me, farm, i 20f. (C	ity or town)	(County)	(State)
Hour o.m	19 While		iociory, sitesi, office of	iog., erc.)			
₹ pm.	01 #01	K 3 O1 #01K			47 7 7		
21 I certify that (I) (this ha	aspital Lattena	ded the deceased fro	mke b &	1947 ta	Herry 3	2, 1964, that (1) fundament
1 '''	7.	Alban B. A					
saw the deceased alive ar		2319 6 Q and the	at death accurred a	M, from	n the causes and	d an the date sta	
220 SIGNATURE	1)		park.		226 DATE SIGNED
1 12000	TON	manage OX	M D PHYS.	DIRECTOR E	STAFF PHYS		SIGNED
22c PHYSICIAN'S	JOY C	Y-FU X-C	22d ADDRESS				
NAME (TYA)	7/1		AND ADDRESS	1171	10	. 7	1 10.1
1/aV/E	STELL	LIONNEL	1770	1 /00/	TIKO- 4	alvson 3	1 1121
23g. BURIAL, CREMATION, 23b DATE	THEREOS	DO- MANE OF CONTEST	V OD CDEUATORY	1001100	AT CON (C.)	71-1	
23a. BURIAL, CREMATION, 23b DATE _REMOVAL_(Specify)	INEREOF	23c NAME OF CEMETER			AT ON (City, town, o	s caunty) (Stote)
Burial April	27,1960	Baltimere N	ational Cen	Bal	timore. Me	ryland	
24 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		5a. REC'D BY REGI		TRAR'S SIGNATURE	
John Burns' Sons.	Towson.	Marvland	0	ATE AND O	160	1 0 4	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

64253

PLACE OF DEATH COUNTY Baltimore

MARYLAND

o. STATE Marvland

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Baltimore

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town) Towson d. NAME OF HOSPITAL (If not in hospital, give street address)

First

Towson

/d. STREET ADDRESS

208 W. Pennsylvania Avenue DATE Month

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

b. COUNTY

e. IS RESIDENCE ON A FARM? YES NO A

3.	NAME OF DECEASED	
	(Type ar print	
e	CEV	

BERNARD 6. COLOR OR RACE 7. MARRIED NEVER MARRIED

206 W. Pennsylvania Avenue

SOOTHCARE CHARLES

Middle

B. DATE OF BIRTH

DEATH

April 19. IF UNDER 1 YEAR IF UNDER 24 HRS

Months

Year 19

Male

White

DIVORCED | WIDOWED |

Sept. 12. 1912

9. AGE (In years (appirthdoy)

Days Hours

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) Contracter

OR INSTITUTION

Self Employed

Vermont 14. MOTHER'S MAIDEN NAME 12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME

Agatha Hillard

Laslie Soothcage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT

Address

Merchant Marine 071-12-5221 Personal Records

CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) COROLIARY DUE TO

ARTERY

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if on which gove rise to immediate cause (a), stating the underlying cause lost.

DUE TO

PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY

PERFORMED? YES NO BY

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18)

20g. ACCIDENT WAS UNDERLYING A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

saw the deceased alive an APR

at wark ot work 21 | certify that (1) (this hospital) attended the deceased fram___

1966 (i) (we) last 1960, and that death accurred above.

22o. SIGNATURE

Hour o.m.

n. m.

22d ADDRESS

STAFF PHYS DIRECTOR

SIGNED

22c PHYSICIAN'S

SIWINSISI

W. PERMA AU 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, town, or county)

Burial April 23,1960 Union Cemetery

25o, REC'D BY REGISTRAR

Fort Edward, N.Y. 25h REGISTRAR'S SIGNATURE

John Burns! Sons, Towson, Maryland

23o BURIAL CREMATION, 23b, DATE THEREOF

APR 22'60

Cotton & Kings

attending certificate 20 use haspital After detached the DIRECTOR: ê 70 should FUNERAL n page the Sk O

VR A15 (4) 15M 9/59

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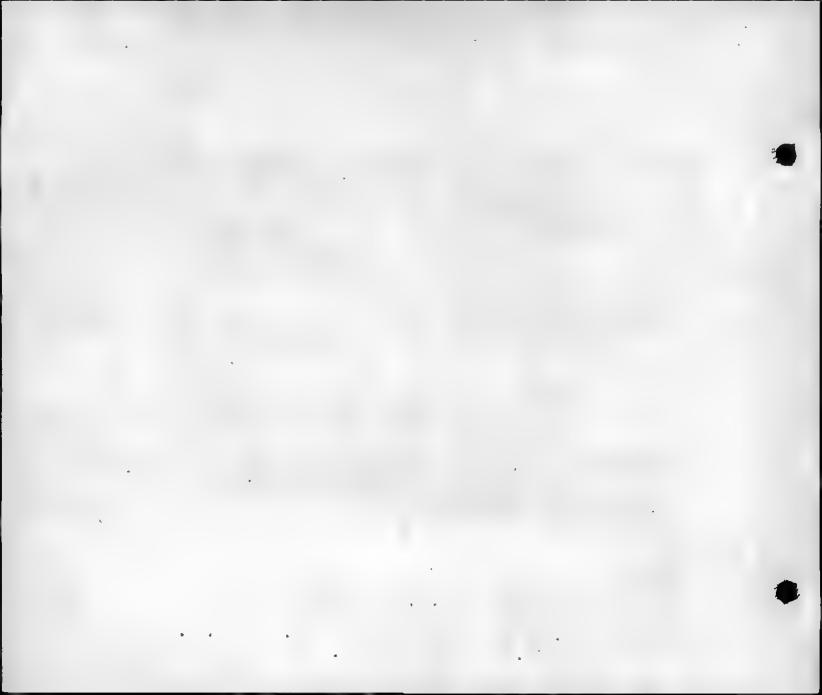
ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

451,0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If Institution; Residence before admission) a. COUNTY o. STATE **b.** COUNTY Baltimore MARYLAND Mary Land b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest towns Catonsville 27vr5mth26dv Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 705 Edmondson Avenue GROVE STATE HOSPITAL YES NO T NAME OF Middle (Stauraplost) DATE Year DECEASED Pejatez (Peter (Type or print) DEATH April 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. last birthdayt Months Dava Hours male white WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? م ق laborer Greece Greece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Unknown Unknown VO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give wat or dates of service) Give unknown Unknown Records: STATE GROVA. HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which] gave rise to immediate cause **DUE TO** (o), stating the underlying couse lost, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN H PART 1(0) 19. WAS AUTOPS ő PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY LIKE CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW/INJURY OCCURRED (Enter nature of injury in Part I or Part II of stem 18.) While eating lunch became markedly cyanotic, without respirations. Large piece meak tras removed from the threat (City or lown) (County) (Stole)

While Not while foctory, street, office bldg., etc.) Exam should Month, Day, Year 20c. TIME OF INJURY 19 60 of work of work 72.30p.m Catonsville 28. Maryland Hosuital 21. I certify that I taak charge of the remains described above, held an Autapsy _____, Inspection ______, Inquiry _____, and find that to the Chief DIRECTOR: 1 death resulted fram: Natural causes 🧻, Accident 📝, Suicide 🗍, Hamicide 🧻, Undetermined cause 🗍 DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** George M. Kieffer. M. D. NAME (Type) DEPUTY MEDICAL EXAMINER 4-19-60 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) O New Cathedral Cemty. Balto.Md. Bur 1 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Edmondson Ave. VS. A15ME(5) Circlians & Kines APR 22 '60 DATE 5M 9/55



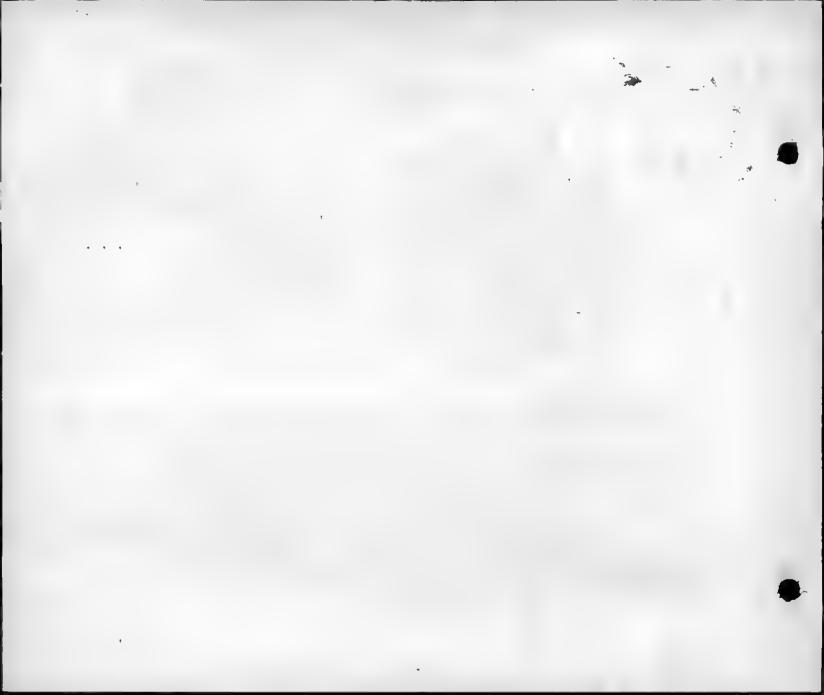
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4350 CERTIFICATE OF DEATH

Reg. DisUNE.256

Η,	o. COUNTY	744		MAR	YLAND	o. STATE	_		lived If instituti b. COUNTY	-	nce befor timo:		iou)
\vdash	b CITY OR TOWN (1	1timore	ts wreste	c. LENGTH OF STAY	(JNC1b		rylan		An Charles - Albert				-1
L	RURAL and give ne	River (20		C. C. SINI		54 Es	sex (- 1	re timits, write i	WAL ONG	give nea	irest lowi	u1
	d NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET ADDR	ESS					e. IS RES	SIDENCE LARM?
	Ivv Ha	11 Convale	scen	t Home		1802 El	k Roa	d					NO K
3.	NAME OF DECEASED	Fir	s †	Middle	b	tost	4.	DATE	Mor	1th	Da	ν	Yeor
	(Type or print)	MATTI DA	STEI	NGRUBNER				OF DEATH	April	. 24.		•	19 60
5	SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRI	IED 🔲 B.	DATE OF BIRTH		9	AGE fin years	IF UNDE		IF UND	ER 24 HRS
П	Female	White	WIDOW	ED DIVORCE	ED 🔲 😸	une 3, 18	390		lost birthday)	Months	Days	Hours	Min.
10	O. USUAL OCCUPATIO	N (Give kind of work i	done 10b.	KIND OF BUSINESS				oreign cavi	niry)	12. CI	TIZEN O	F WHAT	COUNTRY
	Housewif		'	Home		Germ	anv			T	J.S.	Α_	
13	. FATHER'S NAME			220,110		14 MOTHER'S MAI	· M	E			0 0 0 0 1		
	George T	anggardner				Unkn	านาา						
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17 INFO	RMANT	O F8 A 2		Add	ress			
F	NO or unknown)	if yes, give war or dates of s		13-03-9344	B Rus	olph Ste	in come	hnon	Same	,			
Æ		TH (Enter only one co				OTOH DCG	111E 1 0	thier	1.703.11.7		LINITE	RVAL BE	T1446 F1 4
	Conditions, if on	H WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO	_	revio- terosel	_	Lula		- 4	iden	1	S	ad.	den
	gove rise to in couse (o), stating t lying cause last.	mediate (MO YOU	enor	<u>a</u>	<u>ial</u>	ax	<u> </u>			7	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE	TERMINAL	DISEASE (CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
		CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY C	CCURRED. (Enter noture of inju	ery in Part I	l or Pari II	of item 18.)				
MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	Month, Day, Yea	While	NJURY OCCURRED Not while	20e. PLACE Foctor	OF INJURY (Home y, street, office bld	e, form, 20 g., etc.)	Of. (City o	r town)	([County]		(Slote)
П	21. I certify the	at I attended the	decease	ed fram WW	1/	. 1960. to	ap	ril	241961	1 todt 0	last sa	w the	decensed
П	olive on Oy	m 24	. 19 (death a	curred at 5		_	the couses o	and on t	he dat	e state	ad above
	12	Land		, 0		1			et, city or town,		iic dai	, AD/	ATE SIGNED
	ACTUAL	mna	in	egard	uce.	1/20	1/11	6			1	4/2	15//
	-			1	-m L	and anything	wie.				/		
	PHYSICIAN'S NAME (Type)			1							,	/	/
27	BURIAL CREMATION	, 225. DATE THEREO	F	22c NAME OF CEM	ETERY OR C	REMATORY	72d	LOCATIO	N (City, lawn,	or county)		(Stot	e)
	REMOVAL (Specify)	4/27/60		Morelan	d Frame	rial Parl			imore (,,,	r		
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	GIR		REC'D BY			STRAR'S SI			200
1	ranes Lines	21 08 K3 148	TEA	stern Ave.		DAI	Eapp 2	7 160	0.	thun &	Hener	A	
14		7/ //	4 3446	VI-2 44 T U			AMH	100					



ADDRESS

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VS A15 (4)

15M 9/SB

PUNERAL DIRECTOR'S SIGNATURE

e IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO A

> > (Stote)

(Stote)

YES NO NO

Year

160

21

Days

(County)

24b. REGISTRAR'S SIGNATURE

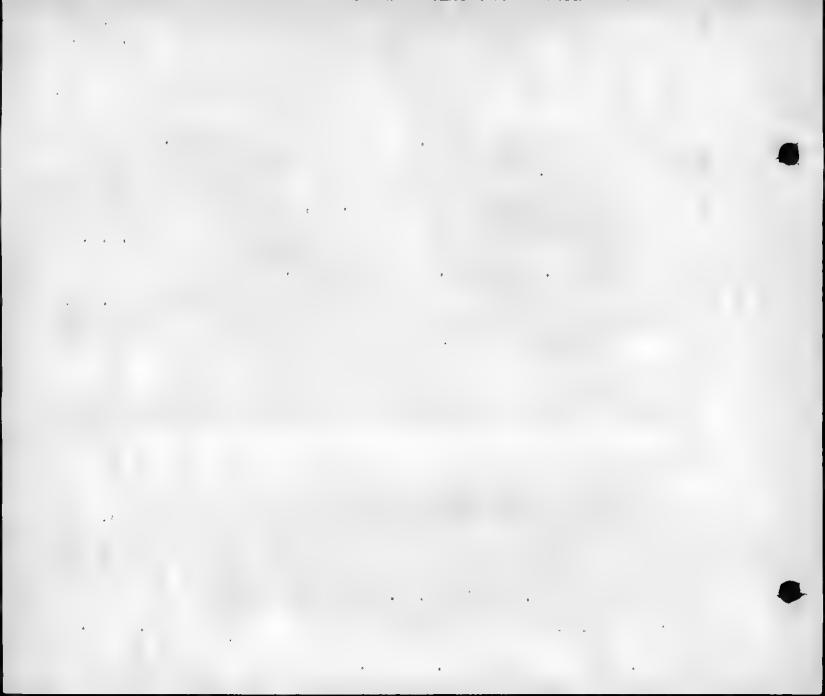
Cithag & France

24a REC'D BY REGISTRAR

DATE APR 2 2 '60



1	-2	tem 20 Film 262 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
B E	7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04238 Reg. Dist. No.
4 should		PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
Poge Purial		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Dundalk
ector.	X	d. Name of Hospital or institution (if not in hospital, give street address) 8600 Block Sandy Plains Rd. d. STREET ADDRESS 1926 Quentin Rd. e. IS RESIDEN ON A FARI YES NO
funera r your a		NAME OF First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) Charles Edward Stokes 0 DEATH April 23 19
to the far ned far th the r		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH AUG. 22, 1946 P. AGE (In your loui building) Months Days Hours Min.
ond 3 in per		Oc. USUAL OCCUPATION (Give kind of work dame during post of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) U.S.A.
3, 2, 2, 3, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		John A. Stokes Sr. 14. Mother's Maiden Name Erms J. Howard
ive Poges Poge 5		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT William Moore 1926 Quentin Rd. 22, Mark No. 18. William Moore 1926 Quentin Rd. 22, Mark No. 1938 Process William Moore 1926 Quentin Rd. 22, Mark No. 1938 Process Process No. 1938 Process Process No. 1938 Process
18. Gran PM3.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FOUNT! NY ACCIDENTAL INTERVAL BETWEEN INSET AND QUATH INSET AND QUATH INSET AND QUATH
in Item with for transit		Conditions, if any, which (b)
pencil olang buriol		gave rise to immediate cause (a), stating the underlying cause last. (c)
nding" in 's Office used as a	0	
8 5 8		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP. PERFORMED? YES NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of Item 18) Patient dove from boat and evidently selzed by cramps
the ward dical Exom e 3 shauld	c3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State of the county) p. m. 4-23-19 60 at work at work 15 BERCH 1012 Sandy Plain Rd Balto Md
iting f Med		21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find t
C.F.ie		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
tifico to the DIRE		SIGNATURE HEAL COLLEGE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
OLUMENTAL NEZAL	2	EXAMINER'S Jack C. Collins M. D. ASSISTANT MEDICAL EXAMINER D. DEPUTY MEDICAL EXAMINER D.
cute forw	ŏ	20. BURIAL/CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) (Stote) Eastern Blvd. Md.
S. A15ME(5	3)	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'O BY REGISTRAR'S SIGNATURE
5M 9/55		John J. Duda 7922 Wise Ave. 22, Md. DATE DR 26'60 Cotton & Kone



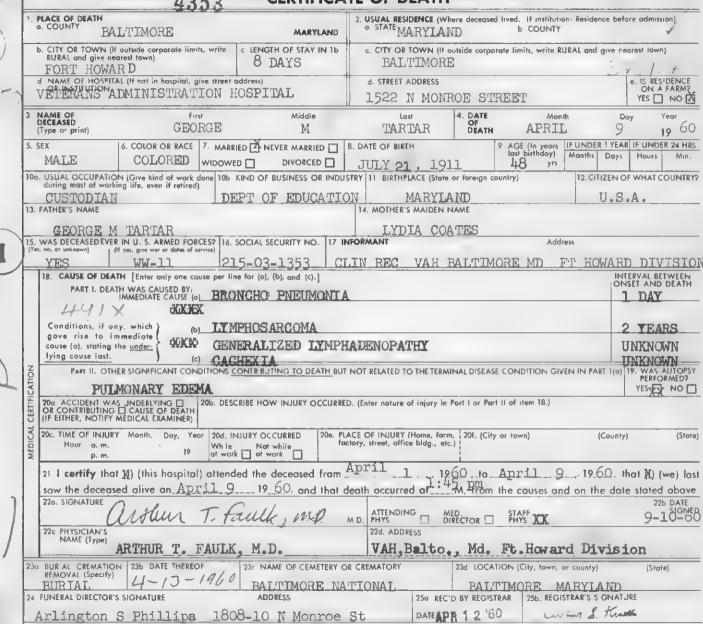
VS. A15ME(S) SM 9/55 má,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04299

/250			жед	, UIST. NO.
1. PLACE OF DEATH TOUG		2. USUAL RESIDENCE (Where d	deceased lived. If Institution, Re	sidence before admission)
BALTO.	MARYLAND	o. STATE MO.	b. COUNTY	BALTE.
b. CITY OR TOWN (If outs de carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	e. CITY OR TOWN (If outside	e corporate limits, write RURAL	and give nearest town)
ESSEX		1 E 55 E)	Υ	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
871 BACK RIVER	NECK RD	871 BACI	K RIVER NEC	K RD YES NO
3. NAME OF DECEASED	Middle	Lost 4. DA	ATH APPIL	Day Year
(Type or print)	_V ST/F	EIB DE		14 1920
And an are of the second		DATE OF BIRTH	9. AGE (In years IF UNE	DER TYEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED		MAY 28,190;	5 2 yn.	
10a. USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or fare	ingn country] 12. (CITIZEN OF WHAT COUNTRYS
HOUSE WIFE		1-14.		U.S.H.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
EMER HECKI	nan	KE	ESLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. 9] [Yes, no. or unknown] [(if yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	EL	DW. L. STRE	FIB (SAME	AS ABOYE)
18. CAUSE OF DEATH (Enter only one cause per line f	or (o), (b), ond (c).	N /		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IJAMEDIATE CAUSE (a)	-3-C-N- F	1150A5-e-		
DUE TO				
Conditions, if ony, which) (b)				
gove rise to immediate couse (o), stating the underlying DUE TO				
couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINALDI	SEASE CONDITION GIVEN IN F	ART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO	X/			PERFORMED?
200 EXTERNAL CAUSE WAS 206 DESCRIPE	HOW INJURY OF CURRED, IEA	ter noture of injury in Port I or Po	ort II of Item 18.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			·	
20c. TIME OF INJURY Month, Day, Year 20d It	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f.	(City or town)	(Stole)
20c. TIME OF INJURY Month, Day, Year 20d It Hour o. m. While at wor	Not while factor	ry, street, office bldg., etc.)		
21. I certify that I taak charge af the re		e held on Autonsy	Inspection Ing	uiry Dand find that
death resulted from: Natural causes	4/	ide □, Hamicide □,	Undetermined cause	The state of the s
Dog O	27 7 TOTAL	ide [_], Halliferde [_],	Officerentimed coose	□ .
ACTUAL / / / / / / /	urs	CHIEF MEDICAL EXAMINE	· [7]	, Intersection
In a		M.D. CHIEF MEDICAL EXAMINE ASSISTANT MEDICAL EXAM	<i>x</i>	
EXAMINER'S MAME (Type) // . 13. DAT	115 ME	DEPUTY MEDICAL EXAMIN		118/60.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR C	CREMATORY 22d. L	OCATION (City, fown, or county	y) (State)
BURIAL 4-18-60	CEOAR	H144 /	BALTO.	mo.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY RE	EGISTRAR 246, REGISTRAR'S	SIGNATURE
Jun 1. Connelly 41	8 Gastern K	DATE APR 1	9 '60 0 71	04.





Baltimore 17 Md

VR A15 (4) 15M 9/59

DIRECTOR:

TO FUNERAL

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Page 4 director,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

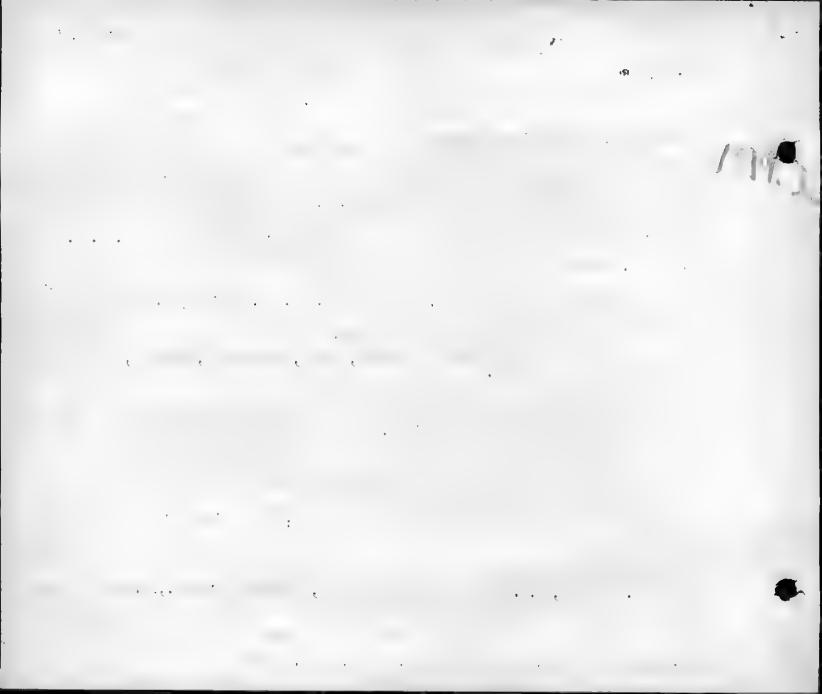
435% CERTIFICATE OF DEATH

04301

PLACE OF DEATH BALTIMORE	MARYLAND	2 USUAL RESIDENCE (Who	b COUNTY Cha	nce before admission)
b. CTY OR TOWN (If outside corporate limits, write FORT THOWARD'S town)	c. LENGTH OF STAY IN 16	LA PLATA	utside corporate limits, write RURAL and i	give necrest town)
d NAME OF HOSPITAL (If not in hospital, give street VATERANS ADMINISTRATION	oddress) HOSPITAL	d STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) HOWARD	Middle HAMPTON	TAWNEY	4. DATE Month OF DEATH April	Doy Yeor 17 1960
S SEX Male 6. COLOR OR RACE 7 MAR WIDOW	RIED NEVER MARRIED E	B. DATE OF BIRTH December 22,	1895 64 Property of the second	Days Hours Min
100 JSUAL OCCUPATION (G ve kind of work done lob. during most of working life, even if retired) Laborer Fig.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Winchester		S. A.
James T. Tawney		Margaret Is		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (1) 15 PO ST UNKNOWN] (1) 15 PO ST UNKNOWN] (1) 15 PO ST UNKNOWN] (1) 16 PO ST UNKNOWN] (1) 16 PO ST UNKNOWN OF ST U	1.0	NFORMANT Lin,Rec.Vet.Ad	Bartimon m.Hospital, Ft. Howan	re 18, Maryla rd,Division
1/ 1			PH NODES, ADRENALS,	OLD DEATH OLD
PART II. OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROTIC 200 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art for Part II of item 18)	
Hour o. m. While	G.	ACE OF INJURY (Home, form, ctory, street, office bldg, etc.		County) (State)
21 I certify that (1) (this hospital) attended to the deceased alive on April 220. SIGNATURE	ded the deceosed from L7_1960 , and that t	March 1712: 46	O , ta April 17 , 19 6 M, from the couses and on the	60, that $$ (we) last e dote stated above.
JOHN D. TALBERT, M.D.	>,	22d ADDRESS	ECTOR D PHYS. &	4/18/8 WARD DIVISION
230 BURIAL, CREMATION, 23b DATE THEREOF BUTTAL		or CREMATORY		Maryland
24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook_Blight.Inc0009	ADDRESS Harford Rd. Ba		By REGISTRAR 256 REGISTRAR'S SH	GNATURE

TO HOSPITATE ATENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 after death. Page 4 may be need by the hospital or attending physician.

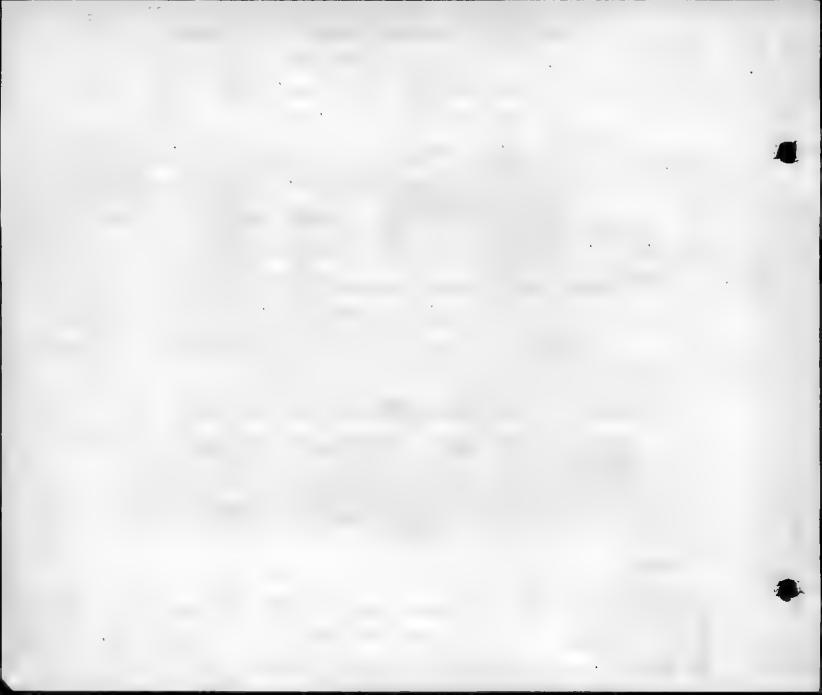
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban pages 1 and 2 shauld be fixed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A1S (4) ISM 9/59



YS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 4355MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ŧ	,4302 Dist. No.
2 SECIAL PREPARATE NAThan descend thing it institu	stan. Barid	ann balan ada

Baltimore MARYLAND	o. STATE Variable Variable
b. CITY OR TOWN (If outside corporate fimile, write BURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give nearest sown)	× Parkville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
2508 Vakcrest Ave.	2708 Vakcrest Ave. VES NO D
3. NAME OF First Middle	
DECEASED	Lost 4. DATE Month Doy Year OF DEATH 4 18 19 60
	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED	July 30-87 Jest britiday yrs. Months Days Hours Min.
100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ret. Stat. Encineer	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Major Taylor	Elizabeth Jones
15. WAS DECEASED EVER IN 5. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Address
212-05-8911	Elizabeth M. Taylor same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	NTERVAL BETWEEN QUEST AND DEATH
PART I. DEATH WAS CAUSED BY, My o Curdin &	7 Throm bosis Brief.
1 10.1 DUE TO 10	1-7.
Conditions, if any, which gove rise to immediate couse	len Usene 1.90 ?
(c), storing the underlying course lost.	Center Cardio varale De under
CATO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY IERFORMED? YES NO
CAUSE OF DEATH.	inter noture of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour a. m. While Not while fock of work of work	pry, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry , and find that
death resulted from: Natural causes [], Accident [], Sui	
I the all	
SIGNATURE AT UN C. H.	_M.D. CHIEF MEDICAL EXAMINER
1 1 1 1	ASSISTANT MEDICAL EXAMINER [] 4-18-60
NAME (Type) UJOHN C. Hyle	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
burial 7/31/62 Parkwood (emetery Boltimore Ind
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard y. Ruck 5305 Harford Rd	DATE DER 21 '60 Cultury I through



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4230 Reg. Dist. No. director death: Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) a. COUNTY b COUNTY IMORE MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) σ ARHE d NAME OF HOSPITAL/(If not in hospitol, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? FORd YES TO TO pup 3. NAME OF Middle Last 4. DATE Dov Year filled DECEASED (Type or print) PSOH DEATH 19 60 IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED IZ NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days WIDOWED [DIVORCED [7] 18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 200 71 ond ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician çg GREEN eLA1 поче haurs 15 WAS DECEASEDEVED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 10 attending INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ģ Conditions, if any, which fb1 signed gave rise to immediate per **BUE TO** couse (a), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVENIN PART 1601 19. WAS AUTOPSY PERFORMEDR 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW HOTURY OCCURRED, (Enter nature of injury in Part T or Port II of item 18.) 20c. TIME OF INJURY MORTH. 20e. PLACE OF INJURY (Home form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office-bldg., etc.) a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from be detached ...that I lost saw the deceased that death occurred at \5.22M, from the causes and on the date stated above DIRECTOR ADDRESS (Street, city or fown, stole) DATE SIGNED ACTUAL SIGNATURE priar 3 shauld PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lowp, or county) page (\$tote) BUR Specify Fee. 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

420.1

REGISTRAR'S SIGNATURE

Orthur S. Kruss

25. FUNERAL DIRECTOR'S SIGNATURE

REC'D BY REGISTRAR

APR 2 0 '60

1966

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS YES

ADDRESS

NO

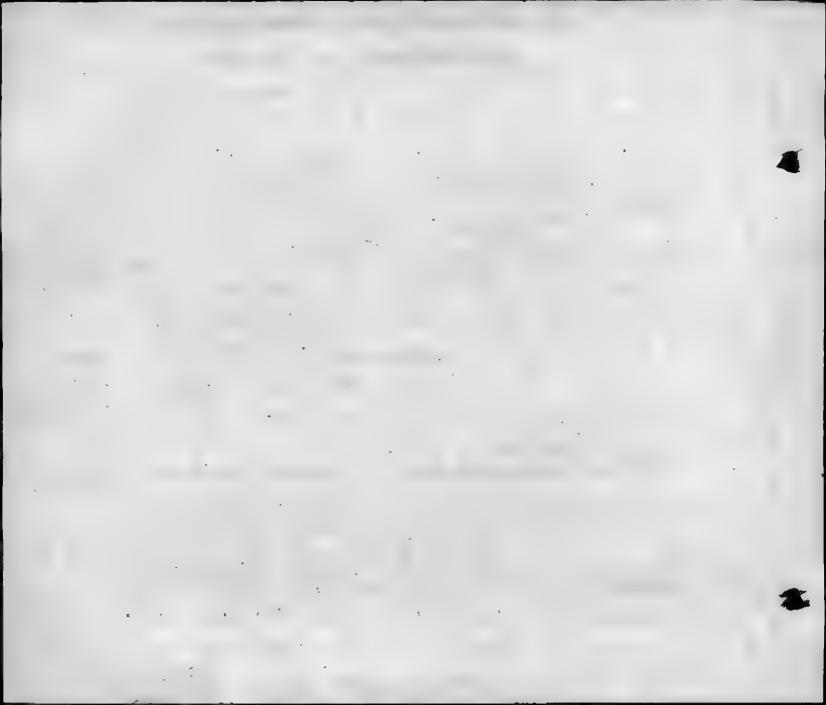
(State)

(Slate)

CITIZEN OF WHAT

COUNTRY?

Days



TO HOSPI

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4357

CERTIFICATE OF DEATH .

64305

	v	-	-	1, 7
Reg.	Dis	st.	No.	

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	.AND	o. STATE	ence (who	_	lived. If instituti b. COUNTY		ce befor	e admissi	ian)
b. CITY OR TOWN (II RURAL and give ne Hamptor	f outside corporate limi arest fawn)	ts, write	c LENGTH OF STAY !	N 16	1	own (II o	Ť	ate limits, write R	URAL and	give nea	rest town	}
d. NAME OF HOSPIT	g d. STREET ADDRESS e. IS RESIDI											
or institution 550 St. Francis Road						530 St	t. Fra	ncis Roa	.d			NO 🔀
3. NAME OF DECEASED (Type or print)	THOMAS	si	Middle TALBO	ጥ	TODI		4. DATE OF DEATH	Mor ∆nri	1 30.	Do	*	Year 1960
5. SEX		7. MARE	RIED NEVER MARRIE	_	8. DATE OF BIRTH			AGE (In years	IF UNDER			
Male	White	WIDOW			July 16			fast birthday) 75 yrs.	Manths	Days	Hours	Min.
	ON (Give kind of work a ling life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDU			or foreign co	untry)	1			OUNTRY?
Salesman 13. FATHER'S NAME					Marya 14. MOTHER'S		444E		υ	.S.A	l.	
	D. Todd						th Wy	-++				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	1	NFORMANT	LL Zett) e	SOIL HA		ress			
(Yes, no, or unknown) No.	(IF yes, give wor or dates of s	ervice)		Mr	s. Stella	a Todo	1, 530	St. Fra	ncis	Road		
Canditions, if all gave rise to it cause (o), stoting lying cause lost.	the <u>under</u> DUE TO	Ya	stiaf He	anj	X Bloc	k	MA DISCASE	CONDITION OF	VEN 181 0 A D	T 160 V	D WALE	VZGOTILA
PART 11. OTH	IER SIGNIFICANT CON	DILIO1427	CONTRIBUTING TO DEA	III BUS	NOT REDATED TO	THETERMI	AY! DISEASE	CONDIT ON GI	FEN IN FAR	(1 ((0))	PERFO	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature a	f injury in P	art I or Port	II of item 18.)		* ~		
20c TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye 19	While of war	Not while		ACE OF INJURY II clory, street, affice			ar town)	(County)		(Stote
21. I certify the alive an actual signature Physician's NAME (Type) 220. BURIAL CREMATIO REMOVAL (Specify) BUTTIEL	ALREN 125. DATE THEREO May 3, 1	. 19 C E		death		ake	forh	he causes are specific of the causes are specifi	an the state)		stated	i abave E SIGNE
23. FUNERAL DIRECTOR Ullrich Fun	S SIGNATURE		ADDRESS			24a. REC'I	BY REGISTI	AR 246 REG	ISTRAR'S SI			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

64366

				7					V 2 V				
1.	PLACE OF DEATH o. COUNTY Baltimore			MARYL	11	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a STATE b. COUNTY Maryland							
	b. CITY OR TOWN (RURAL and give or Fort Howa	If autside carporate limit earest town)	s, write	c. LENGTH OF STAY I	N 16	e. CITY OR TOWN (IF		ate limits, write R	URAL and give	nearest	town)		
		TAL (If not in hospital, g	ive street		- 1	d. STREET ADDRESS		-	- V	0	RESIDENCE N A FARM?		
L		Administrat	ion	Hospital		2710 Fleetwood Avenue (14) YES NO							
3	NAME OF DECEASED (Type or print)	JAMES		Middle W.	TO	WERS	4. DATE OF DEATH	Mor April		Doy 24	Year 19 60		
П.	SEX		7. MARI	RIED 🛣 NEVER MARRIEI	D 🔲 B	DATE OF BIRTH		AGE (In years last birthday)	IF UNDER 1 Y	EAR IF U	NDER 24 HRS.		
	ale	White	WIDOW			ebruary 28,		64 yr.					
C	arpenter_	ON (Give kind of wark o king life, even if retired) retired		If employed		York, Per	nsylva			S.	AT COUNTRY?		
	FATHER'S NAME	(II) areaton a				14. MOTHER'S MAIDEN							
	harles H.		mean las		Law tare	Emma Shanr	non						
Y S	es, no, or unknown)	R IN U. S. ARMED FOR	rvice) 2	SOCIAL SECURITY NO. 213-12-3812		n.Recrods,VA	H,Balt	Add . 18,Md		ward	Divisi		
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: ACCUSED BY: ACCU											L BETWEEN		
	PART I. DEA	IMMEDIATE CAUSE (a	ACU	TE MYOCARDI	AL F	AILURE				FEW	HOURS		
		DUE TO				ND PULMONARY	HEART	DISEASE		UNKI	NOWN		
	Candilians, if a			GENIC ABSCE						RECE	INT		
	gave rise to immediate couse (a), stating the under- lying cause last. XXXXX PULMONARY EMPHYSEMA, OLD (c) CAVERNOUS HEMANGIOMA, LIVER, OLD												
CERTIFICATION													
	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Nem 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING EXAMINER												
MEDICAL	20c TIME OF INJUI Haur a.m. p. m.	RY Month Day, Yea	While		20e. PLAC facto	E OF INJURY (Home, for ry, street, affice bldg., el-	m. 20f, (City	ar tawn)	(Cai	inty)	(State)		
						oril 22 19							
	220. SIGNATURE	2 Day	45	1 Smes	M	ATTENDING N	AED DIRECTOR [STAFF PHYS.			4/25/6		
	JOHN D.	TALBERT, M.	D			VAH, BALTIM	ORE 18	MD.FT.	HOWARD.	DIVI	STON		
23	BUR AL, CREMATIC REMOVAL (Spec fy)		60	23c NAME OF CEME Baltimore			23d LOCAT	ION (City, tawn,	ar county)		(State)		
	FUNERAL DIRECTOR			ADDRES\$		25a. REC	'D BY REGISTI	RAR 255, REGI	STRAR'S SIGN	ATURE	HIG		
Wi	1.Cook-Bli	ght. Inc 60	109 H	arford Rd.,	Balto	14,Md DATE	APR 27 '6	30 C	Inthus &	Kraus			

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 of softer death. Page 4 may be used by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cmm letely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DITISION	of STATISTICAL RESEARCH AND RECORDS — BA	ь
1	360	CERTIFICATE OF DEAT	ŀ

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04308

	0	COUNTY COUNTY COUNTY			MARYL	AND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland									
	Ь		outside corporate limi	ls, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL or						ve nearest	town)		
	F	ort Howard			2 Days		Baltimo	ore					2 V 1.7			
di .	- 0	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?			
7	V		iministrat:	lon H	ospital		332 W.	Cam	nden	Street	(:	1)		S 📋		
		IAME OF	Fin	i)	Middle		Lost	4,	DATE	Mi	nth		Day	Ye	ar	
		Type or print)	HERBER	RT	G.		WELCH		DEATH April			1	15 19 60			
	S. S	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In year lost birthday)	_	. A T	YEAR IF			
	·M	ale	White	WIDOW	DIVORCED		lovember 7,1	1887	7	72 yr		lonths [Poys Ho	ours	Min.	
	160	USUAL OCCUPATIO	N (Give kind of work o	lone 10b	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (SIG	ote or fo	oreign co	ountry)		12. CITIZ	EN OF WI	IATCO	UNTRY?	
	I	nterior De	corator(ur	nemp]	ecorating		Baltimon	re,	Mary	rland		U. S	5. A.			
	13. 1	ATHER'S NAME	·				14. MOTHER'S MAIDE	N NAM	É							
-	E	dward R. I	Welch				Laura Airh	ard	t							
r	15 3	WAS DECEASED EVER	IN L. S. ARMED FOR		SOCIAL SECURITY NO	17, INF	ORMANT			Ad	idress					
I	X	no, or unknown)	If yet days wat or dates of si	2	17-14-3537	Cli	n.Rec.VAH,	3alt	:0.18	,Md.For	t]	Howai	rd Di	vis	ion	
_		1B. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]								INTERVA	AL BETY	WEEN	
		PART I. DEATH WAS CAUSED BY: PULMONARY EMPHYSEMA UNKNOWN														
		527.	SCHOKK	ζ												
		Conditions, if on	iy, which)	ARTE	RIOSCLEROTI	C HE	ART DISEASE	S					UNKN	OWN		
		gove rise to immediate XXXXX														
		lying couse lost. SPIENIC INFARCTS									RECENT					
	20	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPSY Nephrosclerosis arteriosclerotic 2 Benjam Prostatic Hypertrophy PERFORMED?											TOPSY MED?			
	S	1. Nephrosclerosis, arteriosclerotic. 2. Benign Prostatic Hypertrophy														
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of injury	in Port	l or Port	II of item 1B)						
-40	¥	20c. TIME OF INJURY	f Month, Doy, Yes	ar 20d I	NJURY OCCURRED 2		E OF INJURY (Home, fo		20f. (City	or town)		(Co	ounty)		(State)	
	MEDICAL	Hour o.m.	19	While of wor	Not while	toct	ory, street, office bldg.,	etc.)								
			de cabie basaisal		ded the deceosed f	A	nwil 12	1060) /	pril_15		10.60) that	ık ı	-1 11	
			ed alive onApril		5 1960 and t	OIII	ath occurred of 7.									
Ì		22gr S GNATURE	ed diffe oldaba.		2 17920. 7 and 1	nar qe	dili occurred di []	راها لي	, H OH	me couses c	ma	on the	ddie sie	Accordance grapes	DATE	
J		The Ready	ad Carl	1	moder	M	D PHYS	MED.	TOR 🗆	STAFF PHYS X				14/1	5 GNED 5/60	
		22c PHYSICIAN'S		1/	1		22d. ADDRESS	WINE CO.		17117 480				7/ 1	2700	
		CARIDAD I	E. GONZALE	Z, M.	D.		VAH, BALT	r IMO	RE 1	8, MARY	LAJ	ND,F	WOH, 1	ARD	DIY	
	23a	BURIAL CREMAT OF	N, 236 DATE THEREC	F	23c NAME OF CEMET	ERY OR	CREMATORY	23d	LLOCAT	imore,	W65 5	RYPTYLA	nd –	(Stole)		
		REMOVAL (Specify) Burial	4-19-	60	Baltimor	e Na	tional Cem		Barr	HILLE,	[-](2-)	, y a.cu	244			
	24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		25o. R	EC'D BY	Y REGIST	RAR 25b REG	SISTR	AR'S SIGI	NATURE			
	Wm	.Cook,Blig	ght, Inc.600	9 Ha	rford Road,	Balt	o. 14, Md DATE	S		00			v			
								- REPR		0U	int	four!	- 71 x mater			

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed my the attending mysician and completely filled in by the funnial director, page 3 shauld be detached for use as the burial transit permit. Then please remave carban papers. Pages 1 and 2 should be filed within the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death H VR A1S (4) 15M 9/59



VS. A15ME[5] SM 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04369 4234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.	o. COUNTY	altimore		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Baltimore								
	b. CITY OR TOWN (IF ond give recreat town) Reisterst	outside corporate limits, write 11 IVN	URAL	c. LENGTH OF STAY IN 16 49yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown								
		L OR INSTITUTION (IF LOVER ROAD	not in hosp		d. STREET ADDRESS Old Hanov	e. IS RESIDENCE ON A FARM? YES A NO							
3.	NAME OF DECEASED (Type or print)	Robert (rahan	Middle N Welsh	Last	4. DATE OF DEATH	April 9	,1960	Day	Yeer 19			
5.	sex Male	7 Th. J A	· MARRIED	DIVORCED D	Nov. 10, 1910		9. AGE (In years loss britished) 49 yrs.	Months D	YEAR IF UN	DER 24 HRS. Min,			
100	USUAL OCCUPATION during most of working Flori	life, even it retired)	ne 10b, Ki	ND OF BUSINESS OR INDUST	Maryland		ountry}		S.	COUNTRY			
13.	. father's name Ph ili p	B.Welsh			14. MOTHER'S MAIDEN Charlotte		nk						
T IY	WAS DECEASED EVE	R IN U. S. ARMED FORCE (II) yes, often was as dates of ser W Z	ES? 16. S	A AA BEDE	obert G.Wels	sh Jr.(Owings Mi	lls,Mc	1.				
	PART I. DEATH	H [Enter only one cause H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO		or (a), (b), and (c).)					ONSET AND D	EATH			
	Conditions, if an gave rise to immedi (a), stating the uncouse last.	iale cause	Coro	nary Artery Di	sease				_2_mc)S.			
CERTIFICATION		Mental	Depr	ession				EN IN PART	(a) 19. WAS PERF YES	AUTOPSY ORMED? NO (3)			
	PRIMARY [] or CON CAUSE OF DEATH.	none	10	HOW INJURY OCCURRED. (E			of item 18.)						
MEDICAL	20c. TIME OF INJUR' Hour g. m. p. m.	Month, Day, Year	While	Not while factor of work NOT LE	CE OF INJURY (Home, formory, street, office bldg., etc	л, 20f. (City) ПОП	•	(Cauni	[y]	(State)			
		-		mains described abo , Accident, Suid	*	-	nspection X, ndetermined c		🔼, and	find that			
	ACTUAL SIGNATURE	1.2 60	ple	~	_M.D. CHIEF MEDICAL E				DATE	SIGNED			
	EXAMINER'S NAME (Type)	D. D. Capl	es, M	I. D.	ASSISTANT MEDICAL				4-12	-60			
220	Burial CREMATION REMOVAL (Specify) Burial	April 12.		Rruid Ridge C			Cesville,		(Sto	te)			
23.	J.F.Elir			ADDRESS		APR 1 4	1001	TRAR'S SIGN					

4.36.

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IS RESIDENCE ON A FARM?

YES TO NO TX

Yeo

19

M.S.A.

above

(County)

INTERVAL BETWEEN ONSET AND DEATH

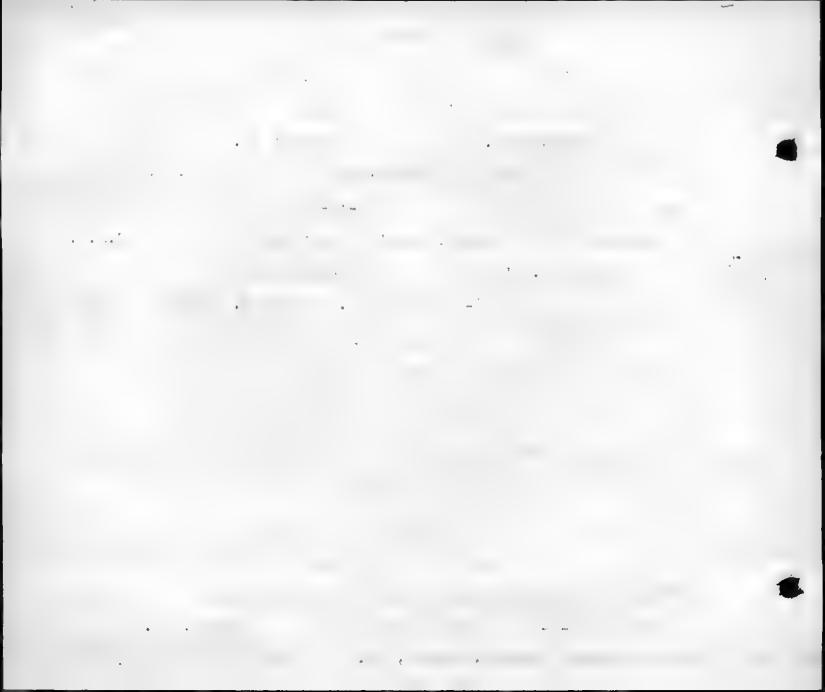
> PERFORMED? YES NO

> > (Stote)

(State)

thm death certificate R ATTENT d by the B

VS A1S (4) TSM 9/SB



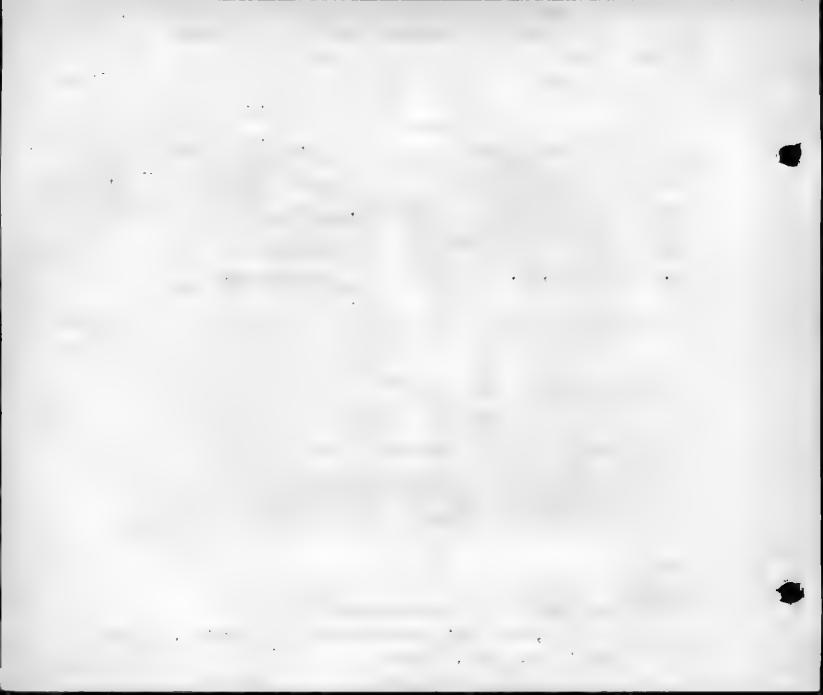
after death.

certificate be executed

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nuld and in the state of the st		PLACE OF DEATH	4363				2. USUAŁ RESIDENCE (W	/here decease	ed lived. If institu			admission)
£ \$ \\\		- COLINITY	altimore		MARYLAN	RD	o. STATE Maryla		b. COUNT	r _	Baltir	·
Page A		o. CITY OR TOWN (If a	utside corporate limits, write	RURAL	c LENGTH OF STAY IN I	Ь	c. CITY OR TOWN (IF	outside corp	orote limits, write	RURAL and	give neare	st town)
P. Po	L	Ruxton					× Luther	ville				
octor iar t	- '	1208 Berw		not in hosp	oital, give street oddress)	li	d. STREET ADDRESS					IS RESIDENCE ON A FARM?
and	-	NAME OF	TCK ROSQ First		Middle		704 W. Sei	Minary				S NO R
yaur gistra		DECEASED (Type or print)		SUE 1	VINES		Last	OF DEATH	Mont	ril 7	Day	Year 19 60
for se	5. :	SEX .	6. COLOR OR RACE	- MARRIE	D NEVER MARRIED	8. (DATE OF BIRTH		9. AGE (In years less birthday)	IF UNDER 1		UNDER 24 HRS.
to the state of th		Female		WIDOWED			v. 4, 1959		yn.	Months C	Days Ho	urs Min.
reto 3 × 2	100	furing most of working	N (Give kind of work do life, even if retired)		IND OF BUSINESS OR IND	USTRY			ountry)	12. CITIZ		HAT COUNTRY?
ond ond	13	FATHER'S NAME		A	t Home		Maryland				USA	4
2 4 4 5 7 - 1 5 6 5 7 - 1 5 6 5 7 - 1			d Wines, Jr	۹_			Sue Eller					
Poge 5	15.		IN U. S. ARMED FOR	CES? 16. 9	OCIAL SECURITY NO. 17	. INF	ORMANT	1 0 0110	Address			
)	No	None		lone/	Fa	mily Records	3				
rm PM3.	1		Enter only one cause	per line f	or (o),/(b), and (c).		. 4				INTERVAL I	BETWEEN D DEATH,
form form it per		PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (0)		Int : / / .2	0	in feet	< -			311	dds 2
1 ± ± ± 1		720.0	DUE TO									
ing w		Conditions, If any gove rise to immedi-	ote couse (
a per	1	(o), sloting the ur	(c)_									
ffice as a	NO NO	PART II. OTHE	R SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH BU	TNO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19 W	AS AUTOPSY ERFORMED?
d sign	CATION										YES	
miner d be	CERTIF	20g. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	RIBUTING [DESCRIBE	HOW INJURY OCCURRED	, (Ent	er noture of injury in Part	For Part II	of item (B.)	3160	1.7	Horston
ware hou	CAL	20c. TIME OF INJURY	Month, Day, Year		VIURY OCCURRED 20e.	LACE	OF INJURY (Home, form	20f. (City	or town)	{Coul	nty	(Stole) <
dicol	MEDI	Hour o.m.	4-7_60 19	While of wor	k of work	ocial	, street, affice bldg., etc. 10118	Ru	xton	Bal	to.	Md.
F Medi					emains described a			/ 🔲 , In	spectian 📑	(Inquiry	/ <u> </u>	nd find that
Chief OR:		death resulted	from Noturol c	auses], Accident	Suici	de 🔲, Homicide	☐, Ur	determined	cause 🔲.		
DIRECTOR		ACTUAL	1.1.2.1.	1/4	(" Em. 11)		CHIEF HERICAL CV	AMINED C			DA	TE SIGNED
1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		SIGNATURE	the bleve	111	1 - 2 m (1-		M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL	_	RП		11	- //
orworded FUNERAL r remaval.		EXAMINER'S NAME (Type)	Ma, ke	7			DEPUTY MEDICAL E			1	1/2	166
or Serve	220	BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREOF		22c. NAME OF CEMETERY			22d LOCAT	ION (City, town,	or county)		(Stote)
° 42 °	22	Burial FUNERAL DIRECTOR'S		960	Druid Ridge	Ca	metery	Pika BY REGISTI	aville	Maryl s		
. A15ME(5)	43.			Tows	on, Maryland	1		1 1 '60		ON B. A		
5M 9/55			1 2 3	× Z			VAISI 11					
		1 / /		No.								



Reg. Dist. No.

4364	CERTIFICATE	OF	DEATH
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	. COUNTY	7) 7.1		MARYL	AND O. ST/	NTE .		5 COUN		Residence be	fore admi	ssion)
						listrict	of Co	lumbia				
~	RURAL and give ne	orest lown) -			H			rote limits, writ	ie Kun	AL and give i	legrest tow	/n)
	A NAME OF HOTEL						ngton				FIX	100 To 100
	OR INSTITUTION				1 -//		y Road	, N. W.			ON	ESIDENCE A FARM? NO 🕞
3. 1	NAME OF	Färs	st	Middle		Lost	4. DATE	,	Month		Day	Yeor
		Jane		Burke	We	noden	DEATH	Ar	ri			1960
5. S	SEX		7. MARRIED					9. AGE IIn ye	ors 17			
	Female				_	8. 1873		lost birthdo	y) [7	Months Days	Hours	Mín.
10a.	USUAL OCCUPATION	N (Give kind of work o	one 10b KIN	D OF BUSINESS OR	_ 1		or foreign co		1	12 CITIZEN	OF WHA	T COUNTR
	anting most of Mork	ing life, even if relifed)				* * .						
13. 1					14. MO							
		? Runke										
13. 1	WAS DECEASED EVE			TAL SECURITY NO.	17. INFORMAN		TKIIOMII		Addres			
149	no, or unknown)						o o o o o o o	·	144,63			
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			use per line to	or (o), (b), and (c)]	h	1.4						
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_	lying cause lost.) (c))		·							
ģ	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEA	H BUT NOT RELA	TED TO THE TERMI	NAL DISEASE	CONDITION	GIVEN	IN PART 1(0)	19 WAS	AUTOPSY ORMED?
	C mon	ic Brain	. Dyn	dervu	. che	to Sec	uli 1	Francy	1	Holds		NO X
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER;	20b. DESCRIB	E HOW INJURY OC	CURRED (Enter no	eture of injury in I	Port 1 or Part	It of item 18.)				
3		Month, Day, Yea			0e. PLACE OF IN	URY (Home, form	20f. (City	or town)		(Count	y)	(Stote)
밁	p. m.	19		Not while	TOCTOTY, STEET	, office blog., etc.	1					
	21 I continue the	at Lattended the	decented	from Fel-	2.0 10	56 - 4	ha: 0	16 206	200			
	' /	Anil 14										
	dive di		-, 12-60.C	, and mar a	leain occurre							ied abov
	ACTUAL SIGNATURE	MVE	Egn		M.D				wn, 310	re;		AIE SIGNE
	PHYSICIAN'S NAME (Type)	W. W. Elgir	1,4M. D).	T	e Sheppa	rd an	d Enoch	Pr	ratt Ho	spita	al
220		N, 226 DATE THEREO	F 22	C NAME OF CEMET	ERY OR CREMATO	DRY	22d LOCAT	ION (City low	n, or i	county)	154	
	REMOVAL (Specify)					741					[310	ite]
	CTEMATION	April-1	8-60			741					(310	ite)
23. F			8-60	Green's o		24g, REC'		Ltimore	GISTR		WRE .	ote)
	3 113. 13. 13. 13. 13. 13. 13. 13. 13. 1	DE CITY OR TOWN (I RURAL and give ne d. NAME OF HOSPIT OR INSTITUTION The Shep 3. NAME OF DECEASED (Type or print) 5. SEX Female 100. USUAL OCCUPATIC during most of work NOT 13. FATHER'S NAME 14. WAS DECEASED EVEL 17th no. or unknown] 15. WAS DECEASED EVEL 17th no. or unknown] 16. CAUSE OF DEA PART I DEA Conditions, if or gove rise to in couse (o), stating I lying cause lost. PART II. OTH CONTRIBUTING (IF EITHER, NOTIFY) 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 201. 1 certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	b CITY OR TOWN (If outside captorete limit RURAL and give nearest lown) TOWSON d. NAME OF HOSPITAL (If not in hospital, go rinstitution The Sheppard and E) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Female 100. USUAL OCCUPATION (Give kind of work of during most of working life, even if relired) NONE 13. FATHER'S NAME ? BUTKO 14. WAS DECEASED EVER IN U. S. ARMED FOR IVen no. or unknown) 18. CAUSE OF DEATH [Enter only one compart of the print of the prin	Baltimore County b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown) TOWSON d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION The Sheppard and Enoch Processes [Type or print] 5. SEX 6. COLOR OR RACE Female White WIDOWED 100. USUAL OCCUPATION [Give kind of work done during most of working life, even if relired] None 13. FATHER'S NAME PART I DEATH [Enter only one course per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CON PART II. OTHER SIGNIFICANT CONDITIONS CON PART II. OTHER SIGNIFICANT CONDITIONS CON Charles Additional Examiner 20c. ACCIDENT WAS UNDERLYING CONDITIONS CON Charles Additional Examiner 20c. TIME OF INJURY Month, Doy, Year PORT OF CONTRIBUTING CAUSE OF DEATH (If ETITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceased alive an Additional Physician's NAME (Type) W. W. Elgin, M. I	Baltimore County Baltimore Co	Baltimore County Towson LYTS. IMOS. 17Das. d ST County on John Stay In 16 Baltimore County Baltimore County Towson LYTS. IMOS. 17Das. A ST Baltimore County Baltimore County Towson LYTS. IMOS. 17Das. A ST Baltimore County Baltimore County LYTS. IMOS. 17Das. A ST Baltimore County Baltimore Information Baltimore County Baltimore Coun	Baltimore County Cally Or 10WN (Housede corporate limits, write and the call of the call	Baltimore County MARYLAND District of Co	Baltimore County Baltimore County Baltimore County Baltimore County Baltimore County Baltimore County Burke	Baltimore County Baltimore County Baltimore County Bush on Give necrosis long day	Baltimore County Baltimore County Baltimore County Bistrictof Columbia b CIV OR TOWN (If obuide corporate limit, write a clenoth of stat in the BURAL and give meretal lower) Townson Townson LYTS. Mos. 17Das. Washington d. NAME OF HOSPITAL (If not inhopitol, give street oddress) OR INSTITUTION The Sheppard and Enoch Pratt Hospital Bind Wooden Sheppard and Enoch Pratt Hospital Boke Wooden Bind Boke Wooden Bind Boke Wooden Baltimore County Minddle Boke Wooden Baltimore College Intelligence Boke Asto College Road, N. W. College Pratter Boke Wooden Baltimore College Intelligence Boke Modeley Road, N. W. College Pratter Hospital College Pratter Shame Pemale White Widower Bish Divorced Duly 8, 1873 Boke Wooden Boke Wooden Boke Wooden Baltimore College Intelligence Boke Wooden Baltimore College Intelligence Boke Wooden Boke Wooden Boke Wooden Boke Wooden Boke Baltimore College Intelligence Boke	a. COUNTY Baltimore County Baltimore County Baltimore County Baltimore County Baltimore County Baltimore County Bistrictof Columbia b CIV OR TOWN (If out-do corporate limit, write RURAL and give neceret for RURAL ond yer neceret limit, write RURAL and give neceret for RURAL ond yer neceret limit. Burke OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR MANE OF HOSPITAL (If not mospiole, gere treat oddress) OR OLL MANE OF PRIME (If not mospiole, gere treat oddress) OR MANE OF PRIME (If not mospiole, gere treat oddress) OR MANE OF PRIME (If not mospiole, gere treat oddress) OR MANE OF PRIME (If not mospiole, gere treat oddress) OR MANE OF PRIME (Inter only one course per line for lot, lb, and lc) In RATHER'S NAME 2 BURKE 3 MANE OF PRIME (Inter only one course per line for lot, lb, and lc) Wissonbain Address 4 Jung Course OR PRIME (Inter only one course per line for lot, lb, and lc) Burke 4 Jung Course OR PRIME (Inter only one course per line for lot, lb, and lc) Burke OR COURTED THANKS ALL MANE (Inter only one course per line for lot, lb, and lc) Burke 4 Jung Course OR PRIME (Inter only one co

may be led by the haspital ar attending physicion.

TO FUNES. IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death.

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VS A15 (4) 15M 10/57

after death. Page 4

422 02

TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 bayes after death. I.

s after death! Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

TO HOSPI

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4365

CERTIFICATE OF DEATH

04314

Rea. Dist. No.

)	1. PLACE OF DEATH o. COUNTY Death	MARYLAND	2. USUAL RESIDENCE (WI		institution. Residence I	pelore admission)
	b. CITY OR TOWN (If outside corporate limits, wring RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	outside corporate limits	, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give strong in the strong in th	reet oddress)	d STREET ADDRESS	(17.6.	. R. R.C	e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle Crans W42	leal	4. DATE OF DEATH	Month NULL 3 1	Day Yeor
		MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	8 2 9. AGE (I lost bil	In years IF UNDER 1 Y (thdoy) Months Do	EAR IF UNDER 24 HRS. ys Hours Min.
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZE	OF WHAT COUNTRY?
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
	15. WAS DECEASED EVER IN U. S. ARMED PORCES? [Yes, no. or unknown] (If yes, give wor or dates of service)	1	west Johnson	n 6019 LA	Address of Frank	11. 14.7
;	IB. CAUSE OF DEATH [Enter only one couse p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate codse (o), stating the under- lying couse lost. [c]	er line for (0), (b), and (c).) Cte final Ilanca	Lar Accio	lein f		NTERVAL BETWEEN ONSET AND DEATH 3 (1) Levelle
	PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	ic cystitis				PERFORMED?
		DESCRIBE HOW INJURY OCCURRED	O. (Enter noture of injury in	Port I or Port II of item	18.)	
	Hour o, m,	Od. INJURY OCCURRED 20e. PLA /hile Not while fec	ACE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f (City or town)	(Cour	nly) (Stote)
	21. I certify that I attended the decalive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Robert D	occurred ot 8 0		suses ond on the	t sow the deceased date stated above. DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City	, town, or county)	(Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE 134	Shi Calhony	V)	D BY REGISTRAR 24	6. REGISTRAR'S SIGNA	TURE

3-112

MARYLAND

c. LENGTH OF STAY IN 16

o. STATE

Maryland

Baltimore

2429 Forest Green Rd.

250. REC'D BY REGISTRAR

DATE

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO

Year

19 60

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO L

> > (Stote)

SIGNED

(State)

IISA

Baltimore

Day

Days

Same

(County)

25h REGISTRAR'S SIGNATURE

arthur & Krous

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

15M III/59

after death.

1. PLACE OF DEATH

o. COUNTY Baltimore

24. FUNERAL DIRECTOR'S SIGNATURE

Levinson & Bros. Inc. 6010 Reist. Rd.

OR INSTITUTION

RURAL and give nearest town)

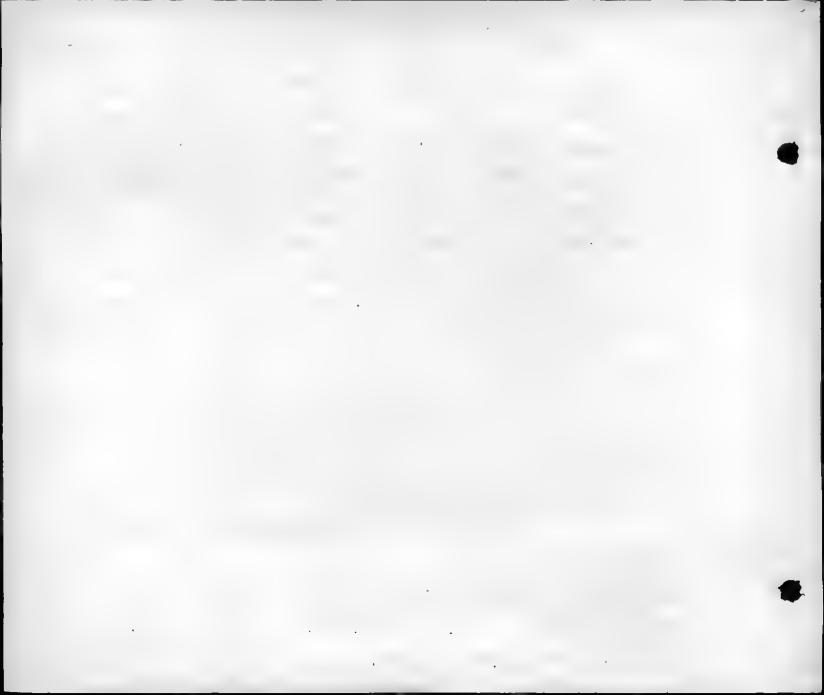
b. CITY OR TOWN (If autside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

2429 Forest Green Rd.

Baltimore

NAME OF DECEASED DATE First Middle TETTA YARIDIO DEATH (Type or print) April IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years last birthday) Months DIVORCED F WIDOWED 4 yrs Female White 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home Housewife Russia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Sherman Leah 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Sarah Brager 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) MEDICAL 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour a.m. White Not while p. m of work of work 21 I certify that (I) (this hospital) attended the deceased fram... and that death accurred at 0 saw the deceased alive an M. from the causes and on the date stated above 220 SIGNATURE ATTENDING MD PHYS. DIRECTOR PHYS 22c PHYSICIAN 22d. ADDRESS NAME (Type) 23a SUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) Burial Baltimore, Md. Yeshuron Cong.



the funeral director,	A CM
d by the haspital or attending physician. ECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and described for the horizonthy forms. Then place remove contracting process and 3 should be filled with	or to burial, crematian, or removal, and in any event within 72 haurs after death.

1, PLACE OF DEATH a. COUNTY

3. NAME OF DECEASED (Type or print)

5. SEX

b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4367 CERTIFI

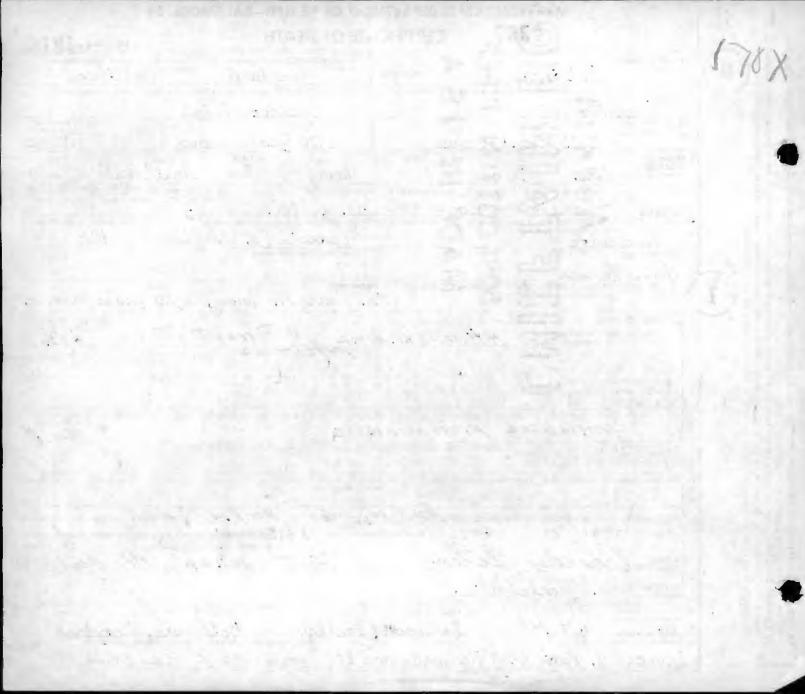
4367 CERTI	FICATE OF DEATH	Reg. Dist. No. 4. 2 1 6
Baltimore MARY	2. USUAL RESIDENCE (Where deceased lived. If is a. STATE Maryland b. CC	institution: Residence before admission) DUNTY Baltimore
outside carporote limits, write c. LENGTH OF STAY arest town)	IN 16 c. CITY OR TOWN (If autside carporate limits, Sparrous Point	•
AL (If not in hospital, give street oddress) 2320 Gross Avenue	d. STREET ADDRESS 2320 Gross Avenu	e. IS RESIDENCE ON A FARM? YES NO.
Mrs. Alice Middle	Young 4. DATE OF DEATH A	pril 14th 1960
6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DX DIVORCE	last birt	years hdoy) Months Days Hours Min.
N (Give kind of work done 10b, KIND OF BUSINESS Ong life, even if retired) W. F.C.	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) (arroll (o. Maryl	and USA
iller	14. MOTHER'S MAIDEN NAME	
IN U. S. ARMED FORCES? I yes, give wor or delet of service)	Mr. Harry A. Young, 2	320 Gross Avenue.
TH [Enter only one couse per line far (a), (b), and (c). H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	reinoma of Breast	INTERVAL BETWEEN ONSET AND DEATH
y, which hamediate but to but to	Au .	
ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?

1	emale white WIDOWERDX DIVORCED	Dec. 8. 1866	93 yrs.	ns Days Hours Min.
fee	u. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	1 / 11 /	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME	14. MOTHER'S MAIDEN NAM		01201
	Henry Miller	?		
i).	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. es. no. or unknown) III yes, give wor or delex of service)	Mr. Harry A.	Joung, 2320 G.	ross Avenue.
	IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Adeno Care	inoma of B	reast c	ONSET AND DEATH
	Canditions, if any, which)	METRISTO SI	2	
	gave rise to immediate (b)			
	cause (a), stoting the under-			
	lying couse last. (c)			
CERTIFICATION	generalized Arteriose	HE BUT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? . YES NO
1 -	206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enler nature of injury in Port	I ar Part II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year Haur a. m. 19 While Nat while at work	Oe. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
	21. I certify that I attended the deceased from April		ril 14, 1960, that	
	alive an April 10 , 1960 , and that a	death accurred at 8:45TM,	from the causes and an DRESS (Street, city or town, state)	the date stated above.
	SIGNATURE 6 Harles Collins	M.D. Fort	Howard, M	d. April 44 46
	PHYSICIAN'S Dr. Charles Allen	And and come and clear and come and com		
220	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMET	ERY OR CREMATORY 22c	d. LOCATION (City, town, or cour	ity) (State)
	Burial 4/18/60 Parkwoo		Baltimore,	Maruland
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY		
L	Leonard J. Ruck 5305 Harford 1	Road #14 DATEADR 1	18 '60 arthur.	8. Krans

may be revened

TO FUNERAL DIREC

page 3 shauld be
the registrar prior VS A15 (4) 15M 9/58



MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe-8 gremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CLTY OR TOWN HI putside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR-TOWN (If outside corporate limits, write RUBAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO NAME OF 4. DATE Middle Day DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE An years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during mod of working life, even if retired) 11. BIRTHPCACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 20 oug pup pe 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME poges Pages Page IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address File Give PM3 18. CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) alang with far burial-transit DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stoting the underlying 0 couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 03 PERFORMED? pending used NO T YES T iner's 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stole) Medical Page 3 st factory, street, office bldg., etc.) O. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that to the Chief . death resulted from: Notural causes Accident . Suicide . Homicide . Undetermined couse Chi ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER Forwar 220, BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FENERAL DIRECTOR'S BIONATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Henry

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18